

Name  
in  
Full

Henry Ackermann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Balto. Co.

Highlandtown

MARYLAND

Date  
of death

1909 Jct.

Month

Day

Years

Months

Days

16

Age

12 mo.

17

Sex

Male

Color or  
Race

White

Birth-  
place

Balto. Co.

Occupation

Where Residing if not  
at place of death

3220 E Balto. St.

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Henry Ackermann

Father's  
Birthplace

Baltimore City

Mother's  
Maiden Name

Isabella Dicke

Mother's  
Birthplace

Balto. City

Name of person giving  
Information

Henry Ackermann

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Acute Meningitis

61

How long

3 days

Immediate

Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

H. C. Henry M. D.  
3038 E. Balto. St.  
Balto. Md.

Accident or Suicide

No

Lilly and Geiler  
Undertakers  
Holy Redeemer Cemetery  
Feb 17<sup>th</sup> 09

Name  
in  
Full

James Annacost

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Baltimore
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Annacost		Father's Birthplace	Baltimore Md	
Mother's Maiden Name	Minnie Rennenberg		Mother's Birthplace	Baltimore Md	
Name of person giving Information	Thomas Annacost		How related to deceased	Father	
CAUSES OF DEATH					
Primary	Premature Birth, 7 mos.				
Immediate	- 1 day.				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
J			Address		
Accident or Suicide?					

131

How long

How long

Dr G. L. Matfield

Baltimore Md



Name  
in  
Full

Leon May Barcham

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1909	February	15	Age 29
Sex	Color or Race	white	Birth-place Warren
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single	Robert Barcham	Father's Birthplace	Warren
Father's Name	Mother's Maiden Name	Mother's Birthplace	Warren
Robert Barcham	Elouise May Freeland	Warren	
Name of person giving information	Robert Barcham	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Warren	151	How long
Immediate	Convulsions	3 weeks	How long
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Dr. B. R. Benson
		Address	Coekeyville
Accident or Suicide?			Md

Entertainment at Popular  
Wednesday 18<sup>th</sup>

W. C. Brooks

Name  
in  
Full

Mrs Mary E. Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Edgewater			County	Baltimore		
Date of death	Month	Day	Years	Months	Days		MARYLAND
1909	Feb.	4	Age	71	0	2	
Sex	Female	Color or Race	White	Birth- place	Pac.		
Occupation	Housewife			Where Residing if not at place of death			
Married, <u>Sing</u> or <u>Widowed</u>	Name of Wife or Husband	Edmund F. Barnes			Father's Birthplace	Unknown	
Father's Name	Unknown			Mother's Birthplace	Unknown		
Mother's Maiden Name	Unknown			How related to deceased	Husband		
Name of person giving Information	Edmund F Barnes			47			

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Inflammatory Blepharitis

How long

13 years

Immediate

Heart Insufficiency & Apoplexy

How long

1 year

Are the name, age, sex, color, date  
and place correctly given above?

Yes

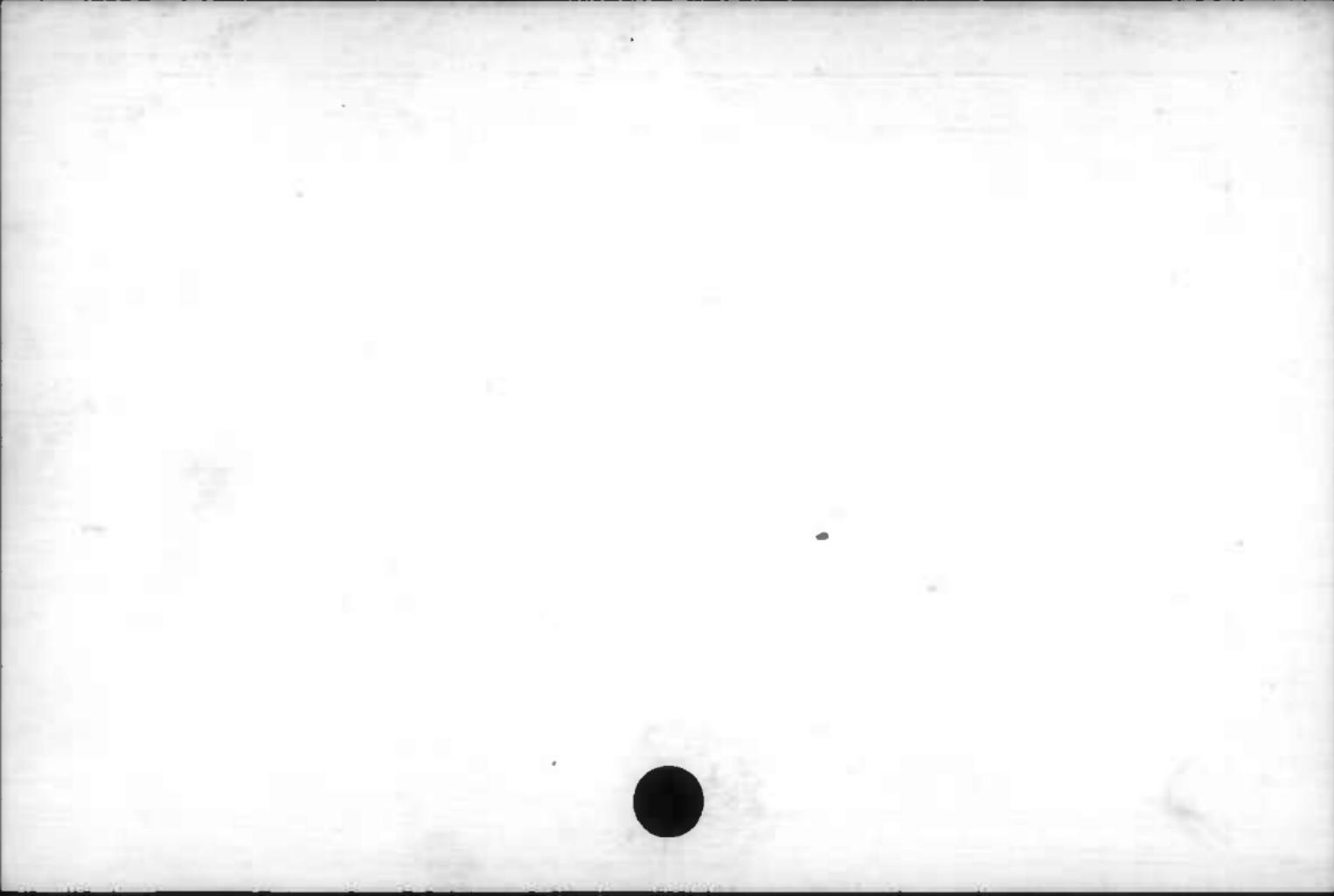
Signature of  
Physician

Address

J. Frank E. Eleazar  
Garrison First  
Methodist

J.

Acknowledged  
Signature



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John Beckman				CERTIFICATE OF DEATH		
Died at Raspeburg		Town	Baltimore	County	MARYLAND	
Date of death	1909	Month 2	Day 18	Years 81	Months 10	Days 4
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Farmer		Where Residing if not at place of death	Raspeburg		
Married, Single or Widowed	Name of Wife - Husband		Margaret Beckman			
Father's Name	Unknown		Father's Birthplace	Germany		
Mother's Maiden Name	Unknown		Mother's Birthplace	n		
Name of person giving Information	Margaret Beckman		How related to deceased	wife		

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Inflammation

How long

Month

Immediate

Chancroid

How long

Day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm. L. Clegg Jr.  
Gardenville  
Md 14

Accident or Suicide?

Holy Redeemer

Name  
in  
Full

Andres Beidenbach

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Raspeburg			County	Baltimore	
Died at	Month	Day	Year	Years	Months	Days
Date of death	1909	February	20 <sup>th</sup>	Age	73	
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Labour			Where Residing if not at place of death	Annie Beidenbach	
Married, Single or Widowed				Name of Wife or Husband	Unknown	
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving Information	Annie Beidenbach			How related to deceased	Wife	

CAUSES OF DEATH

97

How long

How long

PHYSICIAN  
OR CORONER

Primary

Asthma      Senility

Immediate

Drapewea

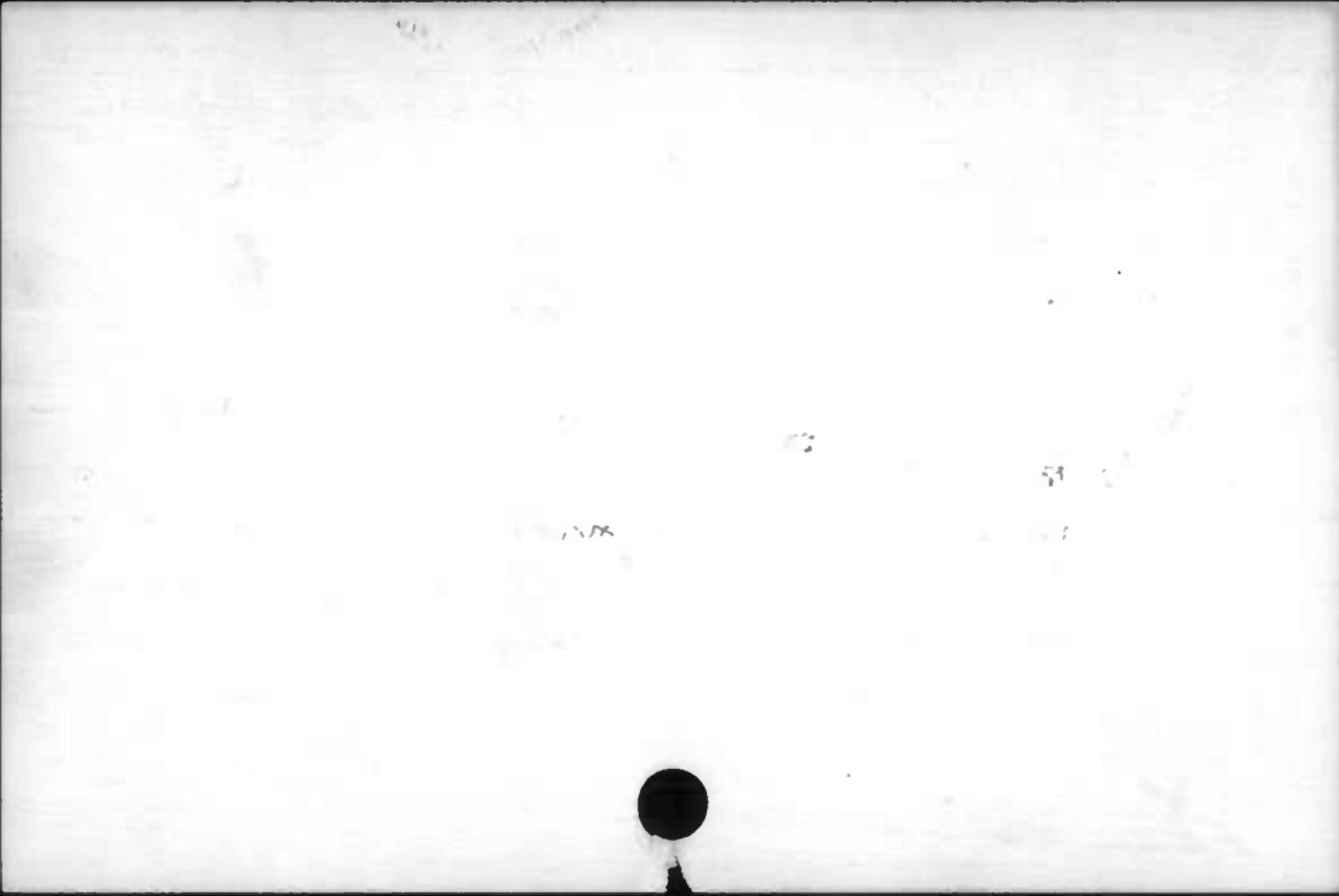
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr JBS Webster  
Bapt Raspeburg Md

Accident or Suicide



Name  
in  
Full

Harry Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Own Russville		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Feb	23	Age 47	10	-
Sex	Male	Color or Race	white	Birth- place	Md
Occupation	House - Where Residing if not st place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Kate Bennett		
Father's Name	Paul C. Bennett			Father's Birthplace	Md
Mother's Maiden Name	Blanche L. Richardson			Mother's Birthplace	Md
Name of person giving Information	Warren Bennett			How related to deceased	Son

CAUSES OF DEATH

64

How long

5 days -

How long  
2 days -

PHYSICIAN  
OR CORONER

Primary

Cerebral Haemorrhage

Immediate

Asthma

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John C. Harrison Jr. M.D.  
Middle River, Md.

Accident or Suicide

M

June 29th 1870

W. H. C.

1870

W. H. C.

1870

Name  
in  
Full

Mary Ann Bennett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Livingston M. Bennett				
Father's Name	John Lewis				Father's Birthplace	England
Mother's Maiden Name	Ann Tufford				Mother's Birthplace	England
Name of person giving information	Sarah E. Bennett				How related to deceased	daughter.

CAUSES OF DEATH

154

How long

PHYSICIAN  
OR CORONER

Primary

old age

Immediate

General debility

How long

several years

Are the name, age, sex, color, date and place correctly given above?

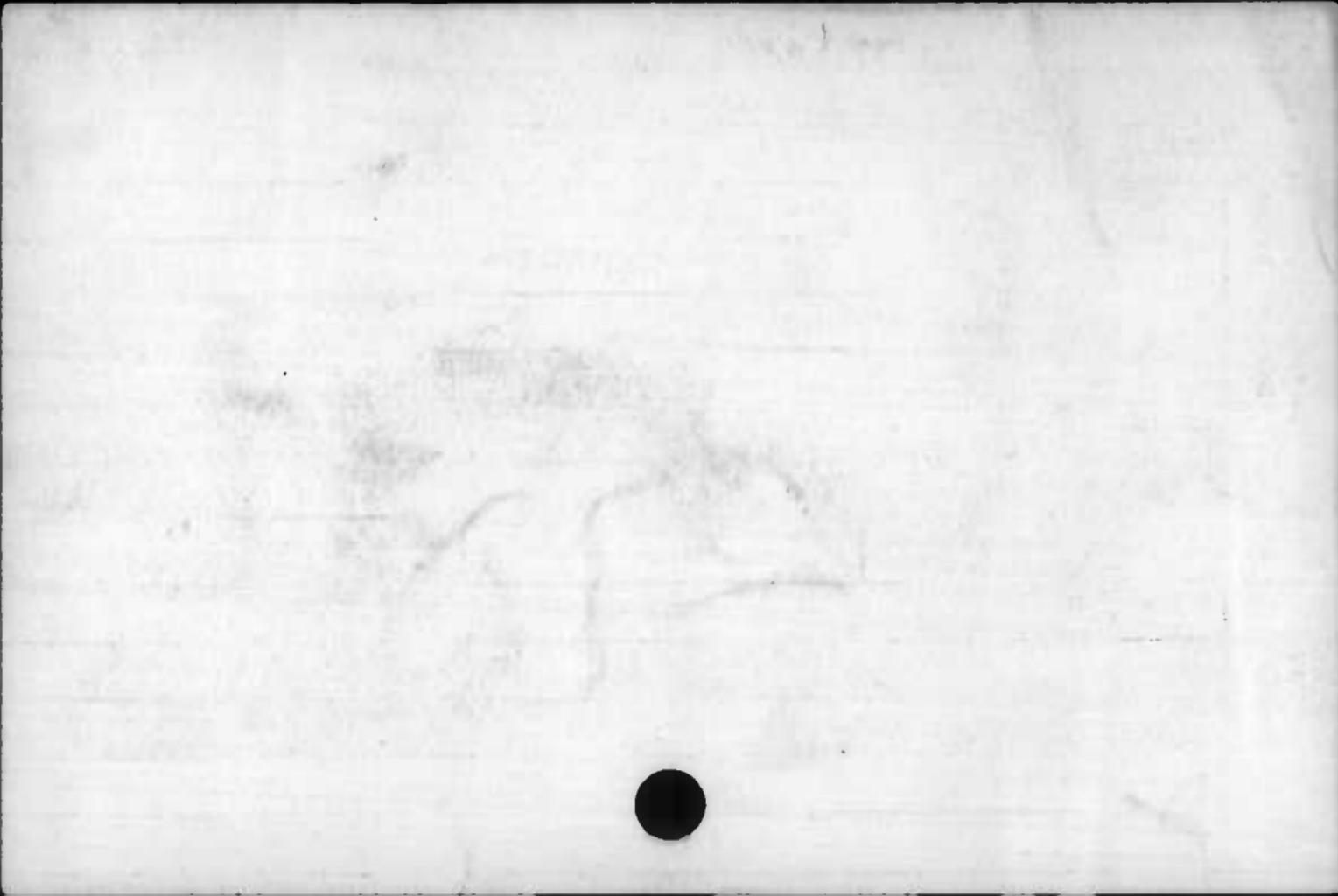
Signature of Physician

Address

J

Accident • Suicide?

John S. Green  
Gittings  
Md."



Name  
in  
Full

Nellie Benson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1909	2	26	43
Sex	Color or Race	Age	Months
female	(Col)	43	—
Occupation	Where Residing if not at place of death	Birth-place	Days
Launderess	Stevensons Ave (Pawson)	Md.	—
Married, Single or Widowed	Name of Wife or Husband	Mother Benson	
widow			
Father's Name	Father's Birthplace		
Unknown	Unknown		
Mother's Maiden Name	Mother's Birthplace		
Unknown	Unknown		
Name of person giving Information	How related to deceased		
Joseph Benson	Son-in-Law		

CAUSES OF DEATH

10

How long

10 weeks

3 weeks

PHYSICIAN  
OR CORONER

Primary	Graff and Bronchitis		
Immediate	General debility		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Gyarus Green
		Address	Benson Md.
Accident or Suicide?			

B C Elliott  
Sandylion Embay

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary E. Bishop

Death Date 31

CERTIFICATE OF DEATH

Died at <i>Glenarm</i>		County <i>Balto</i>		MARYLAND	
Date of death <i>1909 Feb 2</i>	Month <i>Feb</i>	Day <i>2</i>	Years Age _____	Months <i>1</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Glenarm</i>			
Occupation _____	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Joseph Bishop</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Ella Pervine</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Joseph Bishop</i>	How related to deceased <i>Father</i>				
CAUSES OF DEATH					
Primary <i>Cold</i>	87				
Immediate <i>Convulsions</i>	How long <i>1 week</i>				
Are the name, age, sex, color, date and place correctly given above?	How long <i>6 hours</i>				

Signature of Physician

Address

*John S. Green*  
*Gittings*  
*Ind-11*

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Henry R. Bond

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at	Pikesville	Baltimore					
Date of death	1909	Month 2	Day 8	Years 72	Months	Days	
Sex	Male	Color or Race	White		Birth-place	Balto. City	
Occupation	Tobacco Manufacturer			Where Residing if not at place of death	Pikesville		
Married, Single or Widowed	Married	Name of Wife & Husband	Carrie Bond				
Father's Name	Clos. Bond			Father's Birthplace	Baltimore		
Mother's Maiden Name	Carrie Benson			Mother's Birthplace	Virginia		
Name of person giving Information	Catherine Oliver			How related to deceased	Daughter		

CAUSES OF DEATH

104

Primary

Chronic Gastritis

How long

Severe

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. E. Myers  
Pikesville Md.

8

Accident or Suicide?

3

J. H. Kratz  
Pondom Park

---

Name  
in  
Full

Rosalie A. Borleis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month 2	Day 25	Years 1	Months 9	Days -
Sex Female	Color or Race White	Birth-place Baltimore			
Occupation none	Where Residing at place of death 117 S. 3 <sup>rd</sup> St,				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name August Borleis	Baltimore				
Mother's Maiden Name Rosalie A. Goldschmidt	Mother's Birthplace				
Name of person giving information August Borleis	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Bincho-Pneumonia

Are the name, age, sex, color, date and place correctly given above?

JK

Signature of Physician

Address

92

How long

3 weeks



Accident or Suicide

no

Balto Bern.

Hennig & Son

2/28/09

Name  
in  
Full

Mary Elizabeth Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Potson	Baltimore		
Date of death	Month	Day	Years Months Days
1909	Feb	15 <sup>th</sup>	Age 68 Five Three
Sex	Female	Color or Race	white
Occupation	Domestic	Where Residing if not at place of death	Potson
Married, Single or Widowed	widowed	Name of Wife or Husband	Sylvester Bowen
Father's Name	James Langley	Father's Birthplace	Baltimore
Mother's Maiden Name	Susan Langley	Mother's Birthplace	Baltimore
Name of person giving Information	13 C Snarly	How related to deceased	Soninlaw

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Bronchitis

Immediate Chronic Bronchitis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

91  
How long

How long

10 year  
10 year

Accident or Suicide

John Burns Son  
Prospect Hill  
Cens.

Name  
in  
Full

William L. Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1909	2	19	35	3	22	
Sex	Male	Color or Race	White	Balt. Md		
Occupation	Machinist	Where Residing if not at place of death 1914 Light St				
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Balt. Md	
Father's Name	John Bowers				Mother's Birthplace	Balt. Md
Mother's Maiden Name	Margaret Briger				How related to deceased	None
Name of person giving information	William A. Wagner					

CAUSES OF DEATH

172

Primary	Drowning from Motor boat	
Immediate	Drowning	
Are the name, age, sex, color, date and place correctly given above?	Yes	
	Signature of Physician	August W. Miller (Coroner)
	Address	Mt Winans
Accident or Suicide?	Accident	
	Balt. Co. Md.	
	13	

Armstrong Denny Co  
Loudon Park Cemetery

Name  
in  
Full

Annie M. C. Bowling

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Charles C. Bowling			
Father's Name	Frederick W. Froeger		Father's Birthplace	Gerry	
Mother's Maiden Name	Mollie C. Bush		Mother's Birthplace	Gerry	
Name of person giving Information	Charles C. Bowling		How related to deceased	Husband	

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis		How long
Immediate	Pulmonary Tuberculosis		2 yrs
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		Geary A. Long M.D.	2 yrs
		Address	Hamilton
Accident or Suicide?	N		MD 18

Western Cemetery

E. Schlowman & Son  
1029 Hanover St

Name  
in  
Full

Frank A. Bidder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1909 Oct.		Month Day	Years	Months	Days
Sex	Male	Color or Race	Age 50	Birth-place	G. G. Co Md.
Occupation	Engineer				
Where Residing if not at place of death at his home					
Married, Single or Widowed	Married	Name of Husband	Louisa Brown		
Father's Name	Reuben H. Brown -				
Mother's Maiden Name	Elizabeth Anderson				
Name of person giving information	Louisa Brown				

CAUSES OF DEATH

Primary Interstitial Nephritis 120  
Immediate Cardiac Paroxysm How long It works  
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Frank H. Reuel  
J Address Lansdowne Belvoir

Accident or Suicide

13

Jr. B. Cook.

Loudon Park.

Name  
in  
Full

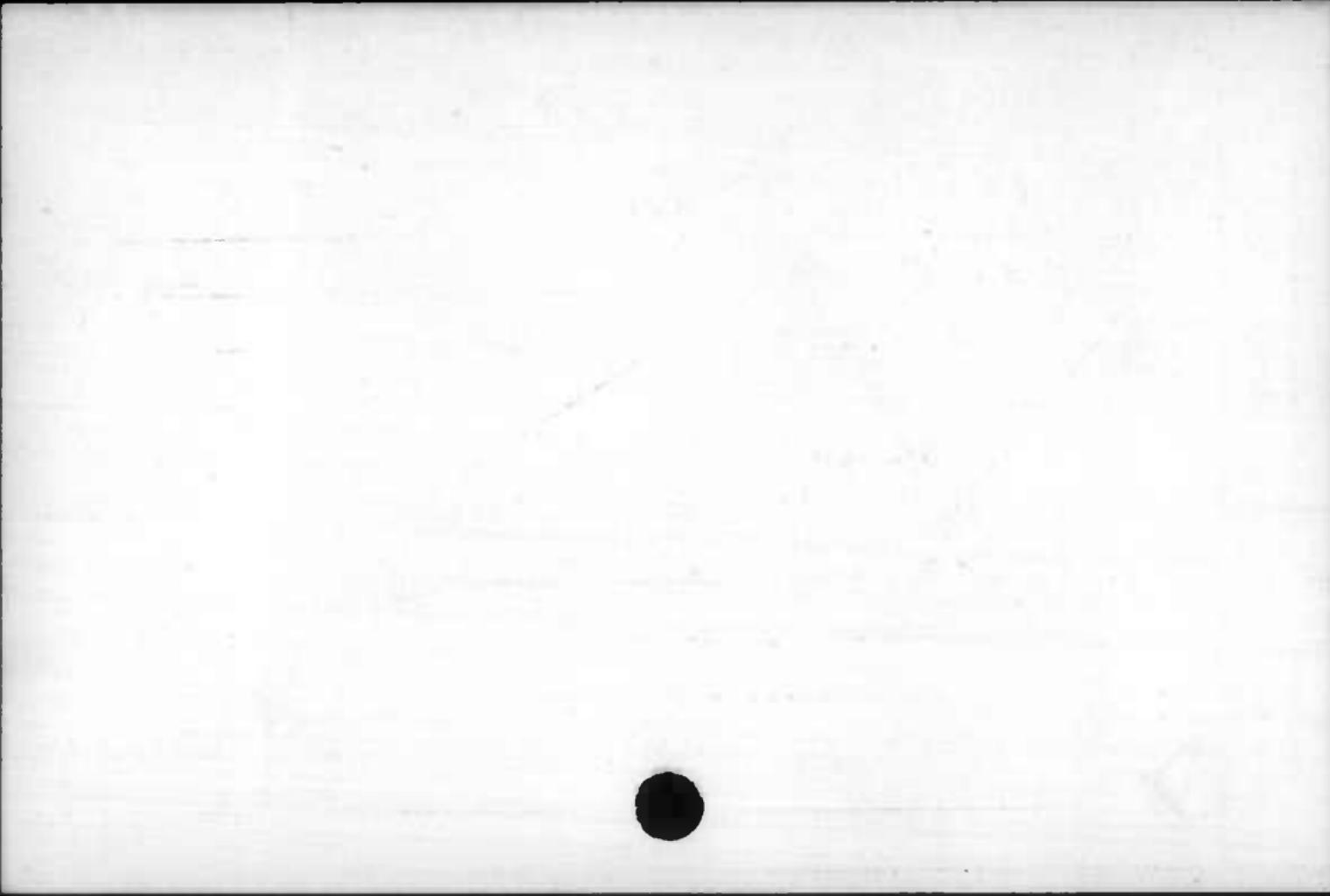
Wm Tabis. Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Balto	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	white	Birth-place	Balto Md
Occupation	Silver Smith.		Where Residing if not at place of death	Catonsville Md	
Married, Single or Widowed	Single	Name of Wife or Husband	none	Father's Name	Joseph E Brown.
Mother's Maiden Name	Catura Concilmann		Father's Birthplace	Balto Co	
Name of person giving information	Geo Camilean.		Mother's Birthplace	Balto Co	
CAUSES OF DEATH					
Primary	Nephritis.		How long	120	
Immediate	asthenia		How long	4 yrs.	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	6 days	
J			Address	Marshall Blvd. Catonsville, Md.	
Accident or Suicide?					

PHYSICIAN  
OR CORONER



Name  
in  
Full

Marie Bussse

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Carl Bussse			Father's Birthplace	Germany	
Mother's Maiden Name	Gertrude Schorn			Mother's Birthplace	Balto City	
Name of person giving information	Mrs Gertrude Bussse			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Measles	How long	2 weeks
Immediate	Laryngeal Stenosis	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. A. Athey,
		Address	3200 Hudson St.
J			
Accident or Suicide?			

Trinity Cem

Feb 11<sup>th</sup> 1909

H Nicoloust Son  
1820 Canton Ave

Name  
in  
Full

Rena, Anna Gallow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death	1909	Month <u>Feb</u>	Day <u>15<sup>1</sup></u>	Age <u>15<sup>1</sup></u>	Years Months <u>2</u> Days <u>28</u>
Sex	Female	Color or Race <u>white</u>	Birth-place <u>Baltimore</u>		
Occupation	<u>None</u>	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<u>Albert Henry Gallow</u>			Father's Birthplace	<u>Baltimore</u>
Mother's Maiden Name	<u>Mary Elizabeth Tavarner</u>			Mother's Birthplace	<u>Virginia</u>
Name of person giving information	<u>Mrs Leroy Gallow</u>			How related to deceased	<u>Aunt.</u>

CAUSES OF DEATH

33

Primary	<u>Tuberculosis of kidney</u>		How long <u>6 mos</u>
Immediate	<u>Uraemic Coma</u>		How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J L Maufeldt M D</u>	Address <u>Baltimore Md</u>
Accident or Suicide?			

Lewis F Schaefer

Name  
in  
Full

Elizabeth Christ

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

District	Town	County	MARYLAND		
1909	Orangeville	Baldo	4	Months	Days
Date of death	Month	Day	Age	Years	
Female	Color or Race	81	81		
Occupation	Where Residing if not at place of death	Germany			
Housewife	John Christ				
Married, Single or Widowed	Name of Wife or Husband	John Christ			
Married					
Father's Name	Unknown	Germany			
Mother's Maiden Name	Unknown	Germany			
Name of person giving Information	John Christ	Son			

CAUSES OF DEATH

15'4

How long

How long

PHYSICIAN  
OR CORONER

Primary

Suicide

Immediate

Cardia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Old Stoneridge  
1507 E Bay St Dr  
Balto City

Accident or Suicide?

Jerusalem Cemetery

Name  
in  
Full

Gas. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
18926 E. Pratt	Baltimore	6 months	
Date of death	Month	Years	Days
1909	Feb	19	Age
Sex	male	Color or Race	White
Occupation	—	Where Residing if not at place of death	3826 E Pratt
Married, Single or Widowed	—	Name of Wife or Husband	3920 E Pratt
Father's Name	Robert Clark	Father's Birthplace	Baltimore
Mother's Maiden Name	Christina Wenholt	Mother's Birthplace	Baltimore
Name of person giving Information	Mother	How related to deceased	Mother

CAUSES OF DEATH

Primary

Premature Birth  
asthenia

151

Immediate

Are the name, age, sex, color, date and place correctly given above?

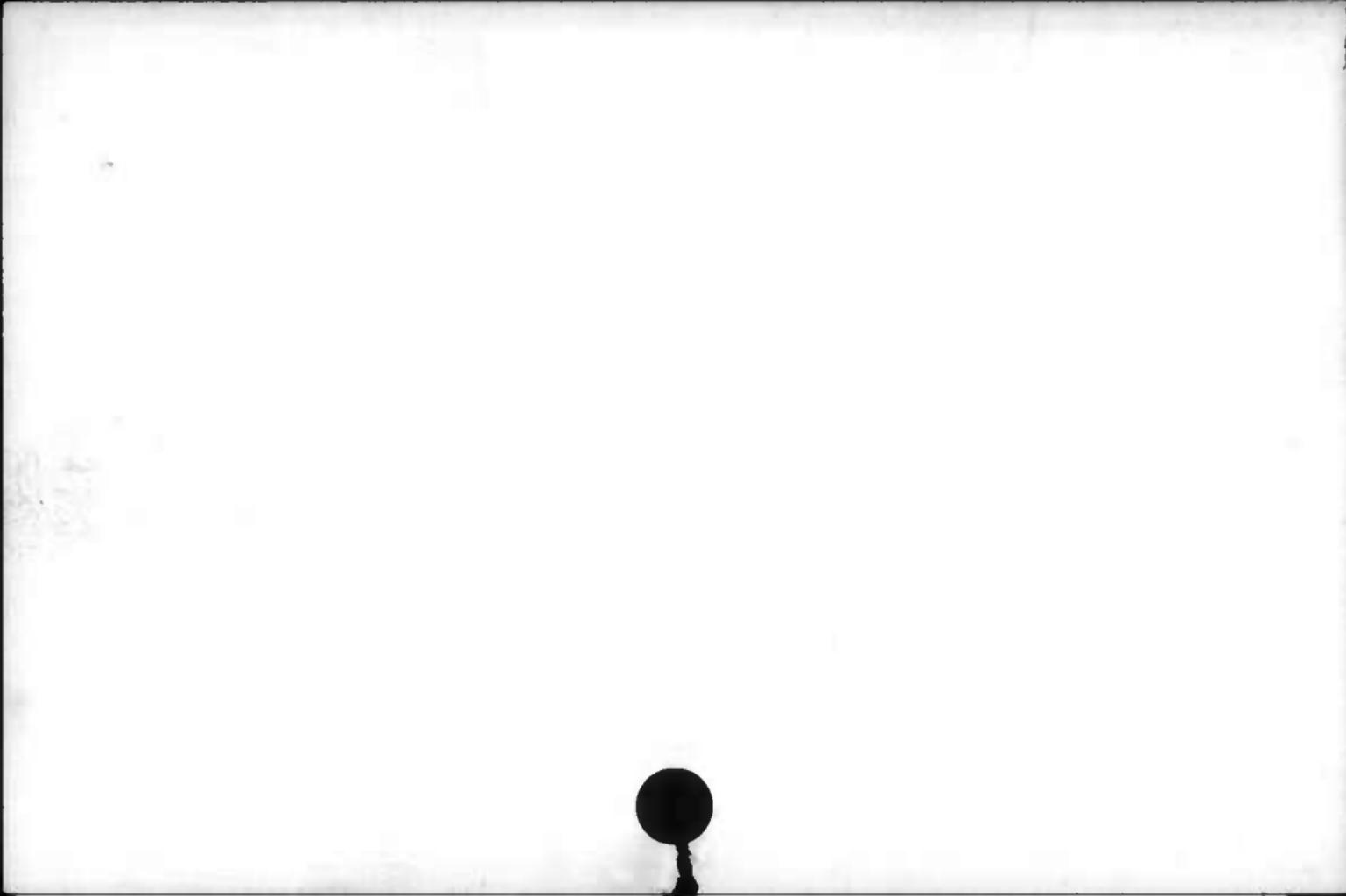
Signature of Physician

Address

W. L. Bullock M.D.  
3042 Hudson St

J

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

P H Y S I C I A N  
O R C O R O N E R

Mr James Joseph Glowney

CERTIFICATE OF DEATH

Died at <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1909 Feb</i>	Month <i>Feb</i>	Day <i>10</i>	Years <i>35</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>white</i>			Birth- place <i>Pa</i>	
Occupation <i>Machinist</i>	Where Residing if not at place of death <i>-</i>				
<del>Married, Single or Widowed</del> <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>John Glowney.</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Winifred Conroy</i>	Mother's Birthplace <i>Balto.</i>				
Name of person giving Information <i>Miss Margaret Conroy</i>	How related to deceased <i>Aunt.</i>				

CAUSES OF DEATH

27

Primary <i>Pulmonary tuberculosis</i>	How? ?
Immediate <i>Pulmonary haemorrhage</i>	How long <i>15 min</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alefines M. Foster, M.D.</i>
J	Address <i>Hospital for Consumption and Tuberculosis, Md. Towson, Md.</i>
Accident or Suicide? <i>No</i>	

Chas F. Evans  
118 W. 1st & Royal Ave.

Name  
in  
Full

Ellen G. Cole.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	80	10
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Lewis	W. Cole	
Father's Name	John Wesley Bulk			
Mother's Maiden Name	Rachel Sparks			
Name of person giving Information	John W. Cole			

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Tabularar Disease of heart - Heart failure

Immediate

Drugs & Bromides Disease Septentember 908

Are the name, age, sex, color, etc and place correctly given above?

Yes

Signature of Physician

Alice S. Parkhurst

Address

1410 Park Avenue

Accident or Suicide?

Place of Burial, Greenmount Cemetery, Baltimore  
Undertakers, Henry W. Mears & Son, Baltimore.

Name  
in  
Full

William J. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Catonsville	Baltimore.				
Date of death 1909	Month Feb	Day 6	Years Age 40	Months x	Days x
Sex Male	Color or Race white	Birth-place Maryland			
Occupation Laborer	Where Residing if not at place of death Md. Hosp. for Insane				
Married, Single or Widowed Married	Name of Wife or Husband Unknown				
Father's Name Wm J. Cooper.	Father's Birthplace Maryland				
Mother's Maiden Name Margaret Harrison	Mother's Birthplace Maryland				
Name of person giving Information Mrs. H. C. De Leon	How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebral Hemorrhage

Immediate

Coma

64

How long

4 days -

2 days -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

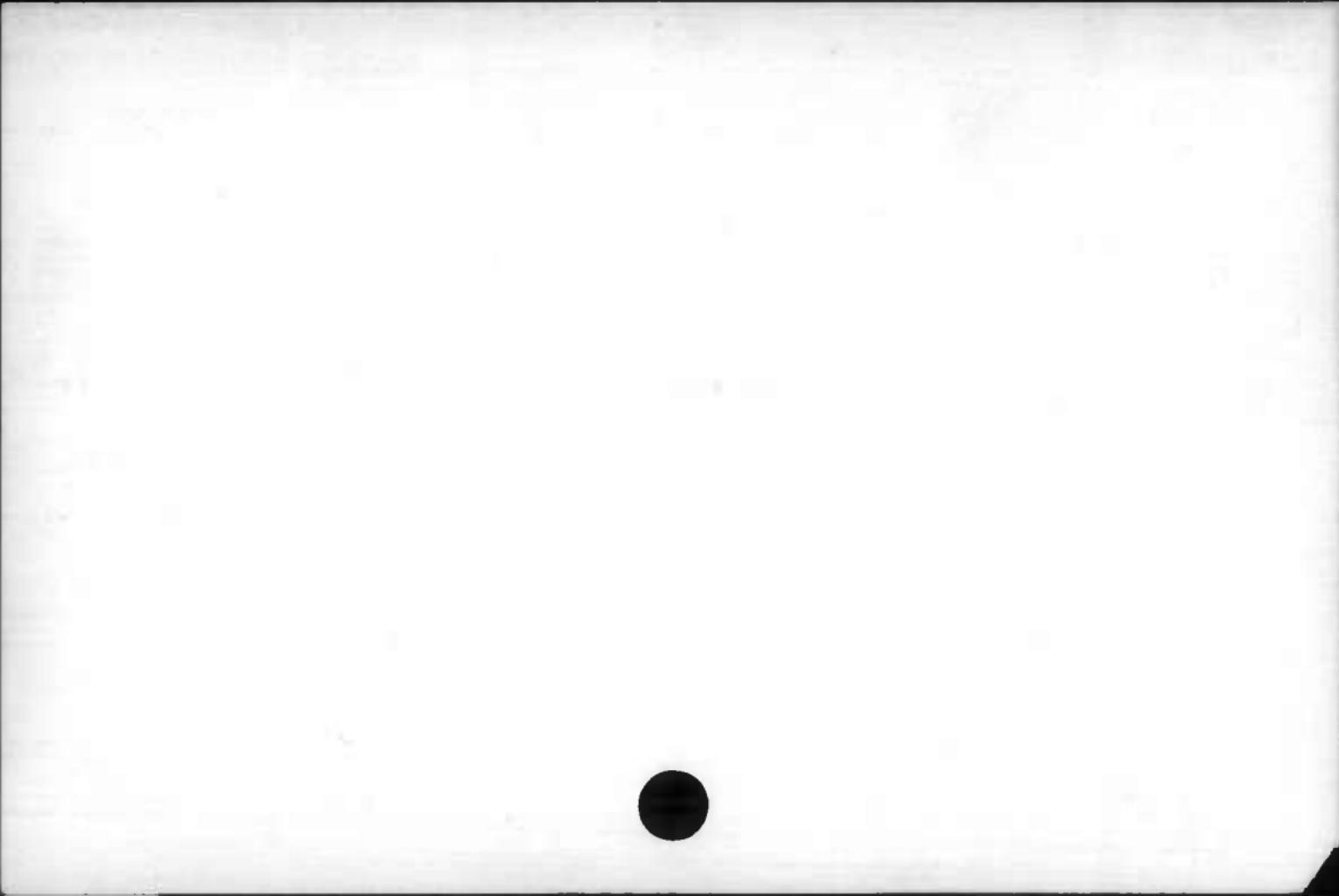
Address

R. Edw. Garrett

Md. Hosp. for Insane  
Catonsville, Md

Accident or Suicide

No.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Alice G. Critchfield				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Catonsville	Baltimore					
Date of death	Month	Day	Years	Months	Days	
1909	Feby	3	44	x	x	
Sex	Female	Color or Race	white	Birth-place	Virginia	
Occupation	None	Where Residing if not at place of death			Md. Hosp. for Insane	
Married, Single or Widowed	Single	Name of Wife or Husband	x			
Father's Name	Andrew F. Critchfield			Father's Birthplace	Balto. Md.	
Mother's Maiden Name	Sarah L. Davies			Mother's Birthplace	Balto. Md.	
Name of person giving information	Dr. Eugene Critchfield			How related to deceased	Brother	
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis			27	How long	
Immediate	Exhaustion				6 months	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	How long	
Yes.				R. Eow. Garrett	1 month	
				Address	Mo Hospital for Insane	
					Catoonsville Md	

PHYSICIAN  
OR CORONER

Accident or Suicide?	No.	
----------------------	-----	--

E M Mitchell  
1201 W Gayethurst  
to Loudon Park

Name  
in  
Full

Marie Jane Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND
Died at	Balto	
Date of death 1909	Month 2	Day 7
Age 55.	Years	Months
Sex Female	Color or Race white	Birthplace Balto
Occupation Housewife	Where Residing if not at place of death Virginia Ave, Towson	
Married, Single or Widowed Married	Name of Wife or Husband John Thomas Gross	
Father's Name Wm D. Nicoll	Father's Birthplace Balto	
Mother's Maiden Name Catherine McGuire	Mother's Birthplace P.A.	
Name of person giving information Mrs. W. J. Nicoll	How related to deceased Sister-in-law	

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Acute Indigestion

104

How long

12 hours

Immediate

Heart Failure

How long

One hour

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. H. Garrott

Towson

J

Accident or Suicide

Govanstown Presbyterian  
Cem  
Saturday. Feb 6th 1809

Wm Cook  
Uundtaker.

Name  
in  
Full

Premature Birth (not viability)

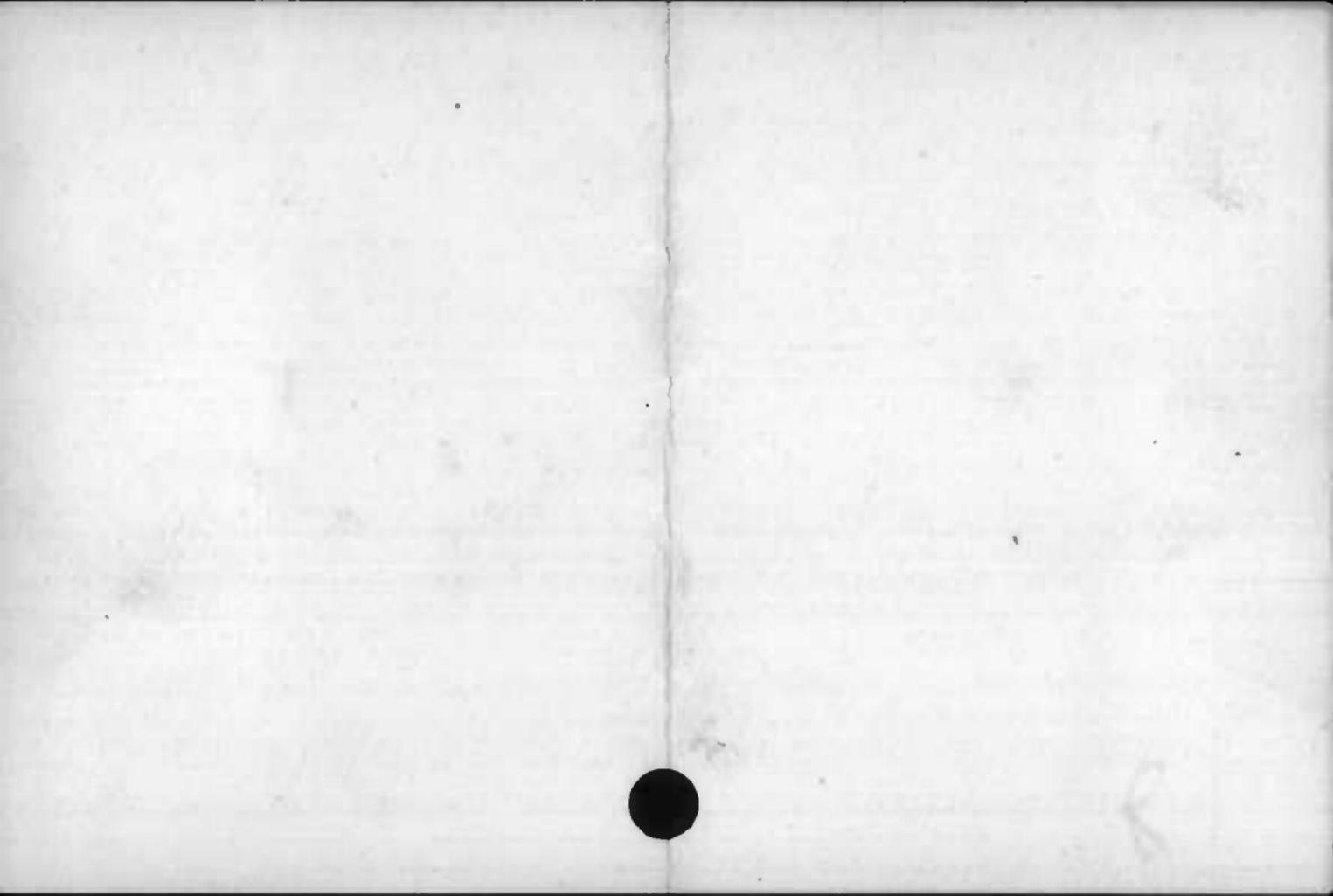
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Morgan</u> Twn		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Feb</u>	Day <u>2</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Morgan Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>William Curtis</u>				Father's Birthplace <u>Brockleysville Md</u>	
Mother's Maiden Name <u>Mary Alberta Williams</u>				Mother's Birthplace <u>Morgan Md</u>	
Name of person giving Information <u>Mary Alberta Williams</u>				How related to deceased <u>Mother</u>	
CAUSES OF DEATH					
Primary <u>Premature Birth - 26 or 27 weeks</u>				How long <u>151</u>	
Immediate <u>Fetus - not viable</u>				How long <u>Lived about 2 hours</u>	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address
<u>J</u>		<u>Dr B.R. Benson</u>	<u>Brockleysville Md</u>
Accident or Suicide?			



Name  
in  
Full

Salome E. S. Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town County  
near Glyndon Salto

MARYLAND

Date Month Day Years Month Days  
of death 1909 Feb 6 6 1 -

Sex Female Color or Race white

Birth-place Howard co

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Wm T Dixon

Father's  
Birthplace

Frederick Co

Mother's  
Maiden Name

Salome E Sechrist

Mother's  
Birthplace

York co Pa

Name of person giving  
Information

Wm T Dixon

How related  
to deceased

Father

CAUSES OF DEATH

93

How long

Primary

Double pneumonia & peritonitis

10 days

Immediate

Heart failure

3 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. Kumbrie

Address

Glyndon  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide

X



Name  
in  
Full

Thomas Dotman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Male	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Unknown		
Mother's Maiden Name	Unknown		
Name of person giving information	Brother Norbert		

CAUSES OF DEATH

27

Primary	Phthisis Pulmonalis		How long
Immediate	Asthenia		about one year
Are the name, age, sex, color, date and place correctly given above?		Yes	How long
			two weeks
		Signature of Physician	John G. Kellyday M.D.
		Address	714 Frederick Avenue
			Baltimore
Accident or Suicide?		J	

Krause & Bro. A.F.  
Bonnie Bray.

Name  
in  
Full

Aragaintry Fendall Duvall  
Town  
Roland Park

## CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	7	7	
Occupation			Where Residing if not at place of death	Balti C. Md.		
Married, Single or Widowed	Widow	Name of Wife or Husband	Roland Park Md.			
Father's Name	Dr Charles Edward Fendall		Father's Birthplace	Maryland		
Mother's Maiden Name	Miss Francis Cooley Dickey		Mother's Birthplace	Maryland		
Name of person giving information	Mrs. Chas. H. Dickey		How related to deceased	Daughter		

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

Primary Chronic Nutr Regurgitation 79 15 mos +  
Immediate Ulcerative Enteritis & Skin Ulcers How long 4 weeks -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. Gibson Porter

Address

Roland Park Md.

J

n

Accident or Suicide?

Place of burial Greenmount Cemetery  
Henry W. Jenkins & Sons Co  
300 W. Madison St.

Name  
In  
Full

John Ewalt

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Canton		Town	Balto	County	MARYLAND		
Date of death	1909	Month	Feb	Day	22nd	Years	Months	Days
Sex	Male	Color or Race	White	Age	39	Birth-place	Baltimore City	
Occupation	Laborer		Where Residing if not at place of death			Sams		
Married, Single or Widowed	Single	Name of Wife or Husband	None		Father's Name	John Ewalt		
Mother's Maiden Name	Margaret F. Holzman		Margaret F. Holzman		Mother's Birthplace	Baltimore		
Name of person giving information	Mrs. Margaret Holzman		Margaret Holzman		How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cardiac Syncope

178

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. W. Judd, M.D.  
336 E. Baltimore St.

Accident or Suicide?

Jo, B. Cook

Cook Farm Con-

Feb. 25/09

Name  
in  
Full

Annie Fairfax

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Owings Mills

County Baltimore

MARYLAND

Date of death 1909 Feb 19

Day

Year

Months

Days

Age 65-

Sex Female

Color or  
Race

Colored

Birth-  
place

a a bo ma

Occupation

House wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Chancy Fairfax

Father's  
Birthplace

a a co mg

Father's  
Name

Thomas Wood

Mother's  
Birthplace

a a co gg

Mother's  
Maiden Name

Elizabeth Smith

How related  
to deceased

Husband

Name of person giving  
Information

Chancy Fairfax

CAUSES OF DEATH

Primary

Sagriff

10

How long

5 days

Immediate

Acute Peritonitis

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

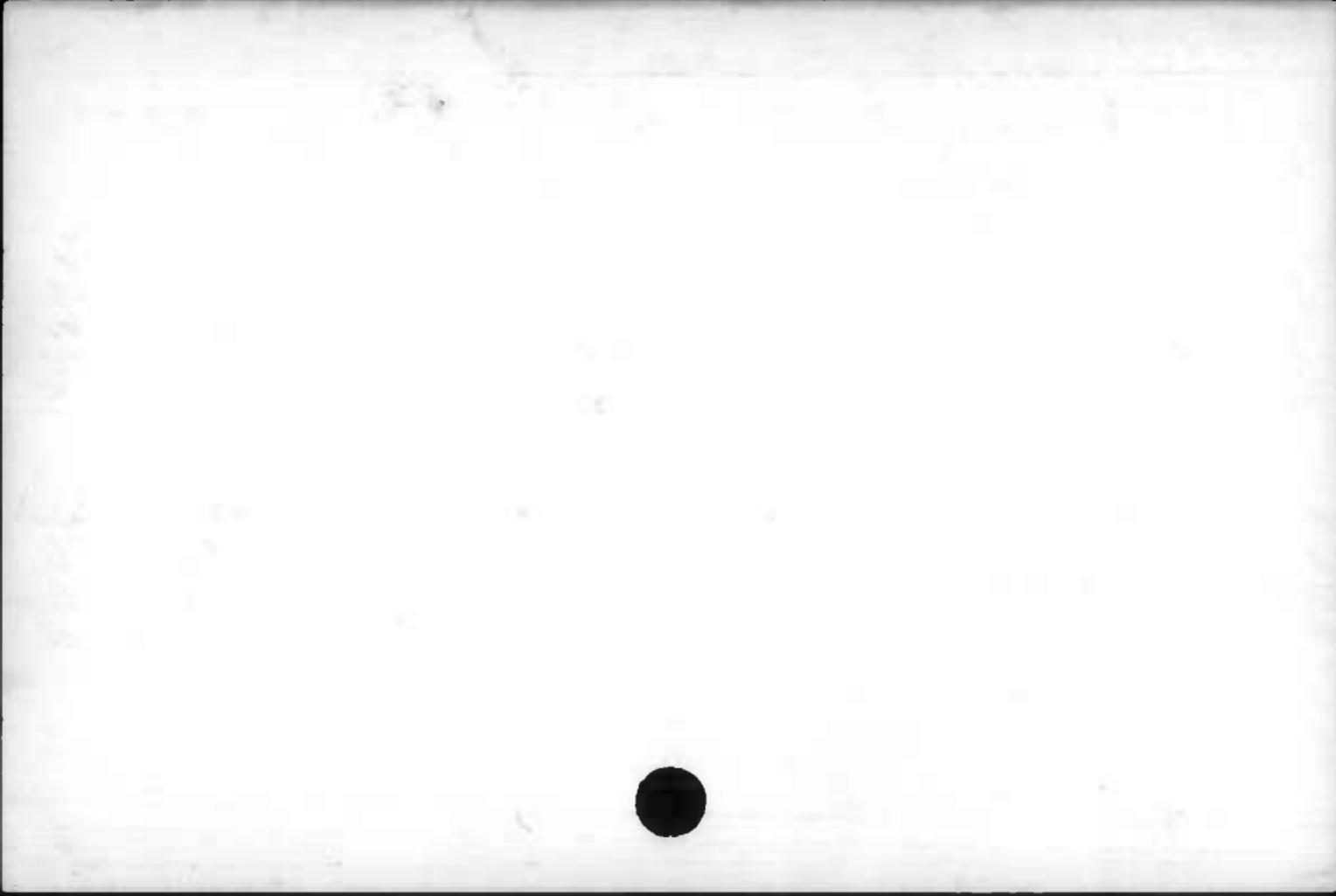
James Gornall

Reisterstown Md.

J

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Levi Ferguson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single Widowed	Name of Wife Husband	of Kegia Ferguson			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Perry Hall Balt Co. 10 15  
Male White Maryland  
Farmer Perry Hall, Ind.  
Single Husband Ind.  
Levi Ferguson Ind.  
Eliza Bartow Ind.  
Mrs Harry W. Patterson Niece

CAUSES OF DEATH

154

How long

How long

Primary

Infirmities of age.

Immediate

Are the name, age, sex, color, date and place correctly given above?

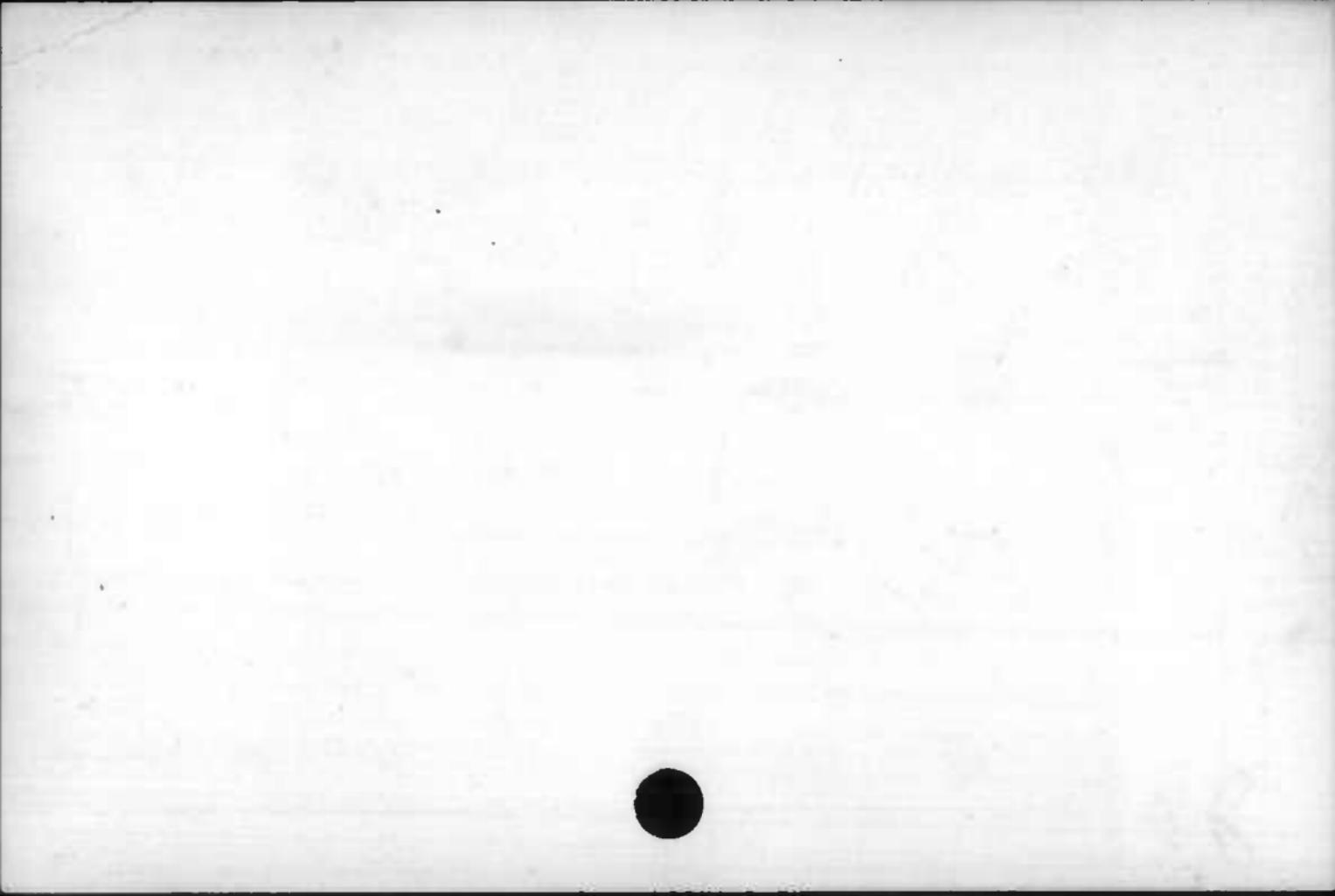
Signature of Physician

Address

Accident or Suicide?

H. J. Garrison  
Loch Haven

14



Name  
in  
Full

William H. Flyue

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Eudowood San. Towson		County Baltimore.		MARYLAND	
Date of death 1909	Month Feb	Day 17	Years Age 17	Months	Days
Sex Male	Color or Race White	Birth-place Baltimore.			
Occupation Worker	Where Residing if not at place of death Baltimore City				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name William H. Flyue	Father's Birthplace Unknown				
Mother's Maiden Name Mary Schubach	Mother's Birthplace Unknown				
Name of person giving information	How related to deceased Worker				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

2 yrs?

Immediate

Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

S. Wickes Merritt, M.D.

Address

Eudowood San. Towson Md.

8

Accident or Suicide?

John G. Moran  
Bank and Ann Dr  
1118 Greenmount ave

Name  
in  
Full

Dennis E. Foley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Month	Days
Sex	Male	Color or Race	white	Where Residing if not at place of death	Ireland	
Occupation	Cabinet Maker					
Married, Single or Widowed	Widowed	Name of Wife or Husband	Mary Agnes Foley			
Father's Name	Eager Foley.					
Mother's Maiden Name	Don't know					
Name of person giving Information	Minnie Foley.					
CAUSES OF DEATH						
Primary	Senility					
Immediate	Apoplexy					
Are the name, age, sex, color, date and place correctly given above?			as near as possible		Signature of Physician	Address
PHYSICIAN OR CORONER	J. C. Crossland (Govans) Balto Md.					

64

How long

1 yr.  
8 hours.

Are the name, age, sex, color, date and place correctly given above?

as near as possible

Signature of Physician

Address

Accident or Suicide

neither

35-

Holy Cross Cemetery

Feb 25th 1909

H.C. Windfield  
914 Greenmount Ave

Name  
in  
Full

Catherine French

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Gowans town

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1909 Feb

16

Age 18

Sex Female

Color or  
Race

White

Birth-  
place

Ireland

Occupation

None

Where Residing if not  
at place of death

Gowans town

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

James

French

Father's  
Name

do not know

Father's  
Birthplace

do not know

Mother's  
Maiden Name

do not know

Mother's  
Birthplace

do not know

Name of person giving  
Information

Ed Fields

How related  
to deceased

none

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hit by car. United. R.R.

166

How long

Immediate

Immediate

Crushed by being Run over

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

as near as  
possible

Signature of  
Physician

Address

J. O. Hess Jr. -  
Gowans/Balto Md.

Accident or Suicide?

Accident

M. Oakey & Sons

606 M. Lafayette Ave

Beth El

To St Marys Cemetery

Gorham

Name  
In  
Full

Mrs. Frisby

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	House Wife		Where Residing if not at place of death	619 Shep St		
Married, Single or Widowed	Married	Name of Wife or Husband	Do not know			
Father's Name	Do not know		Father's Birthplace	Do not know		
Mother's Maiden Name	Do not know		Mother's Birthplace	Do not know		
Name of person giving information	S. A. Gardner		How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Throm from a runaway hack.

164

How long

Immediate

Fracture by ~~falling~~.

How long

Are the name, age, sex, color, date and place correctly given above?

JES

Signature of Physician

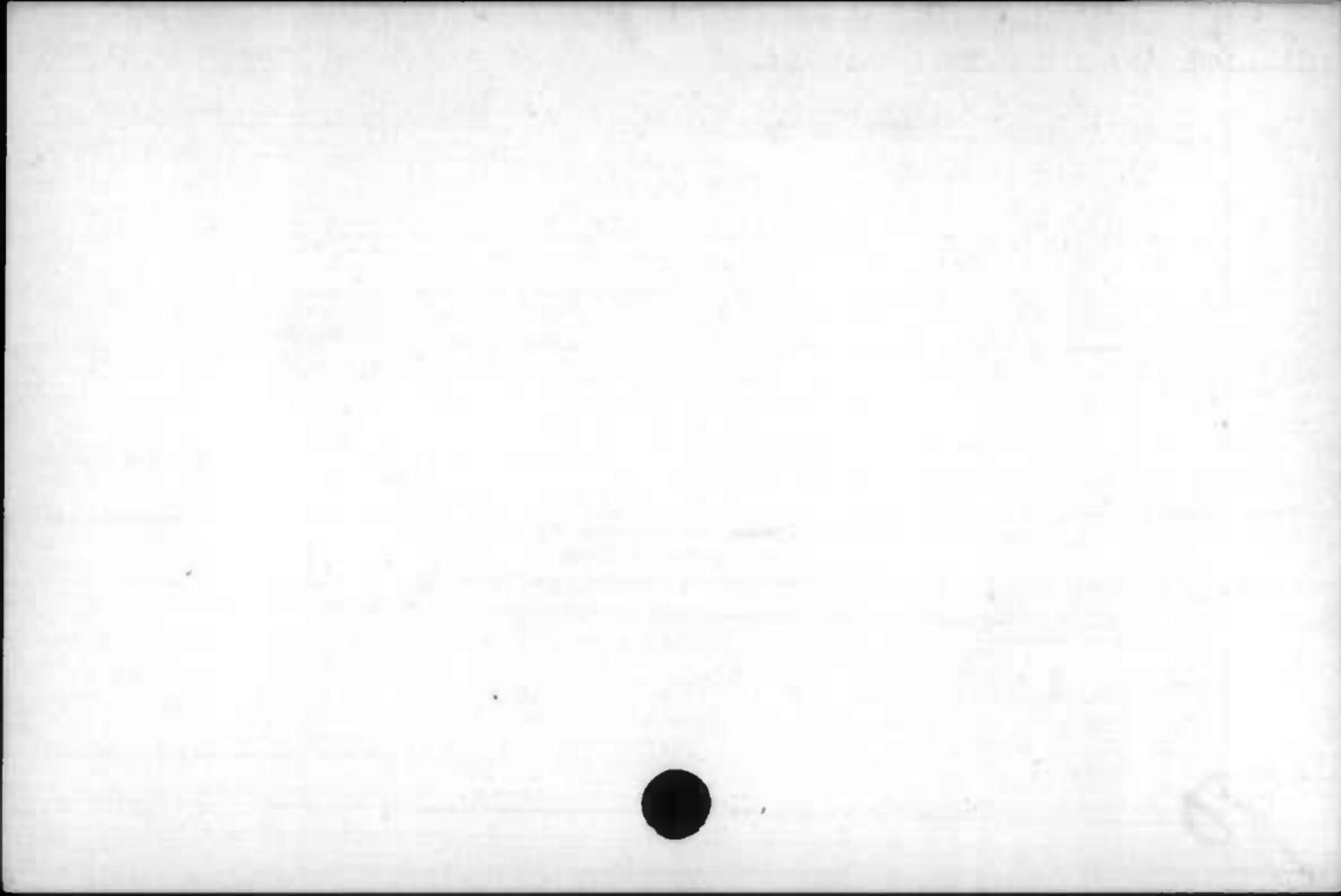
Address

W. J. Coughlan  
acting coroner  
Pikesville

3

Accident or Suicide?

accident



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Anastasia Furlong

Town

County

CERTIFICATE OF DEATH

MARYLAND

Date of death	Month	Day	Years	Months.	Days
1909	2	22	73		
Sex	Female	Color or Race	White	Birth- place	Ireland
Occupation	Home	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Walter Furlong.		
Father's Name	Moran			Father's Birthplace	Ireland
Mother's Maiden Name	Unknown			Mother's Birthplace	Ireland
Name of person giving Information	Philip Furlong			How related to deceased	Son

CAUSES OF DEATH

120

How long

1 yr.

How long

12 hrs

Primary

Senility - Bright disease

Immediate

Asphyxia

Are the name, age, sex, color, date  
and place correctly given above?

Yes

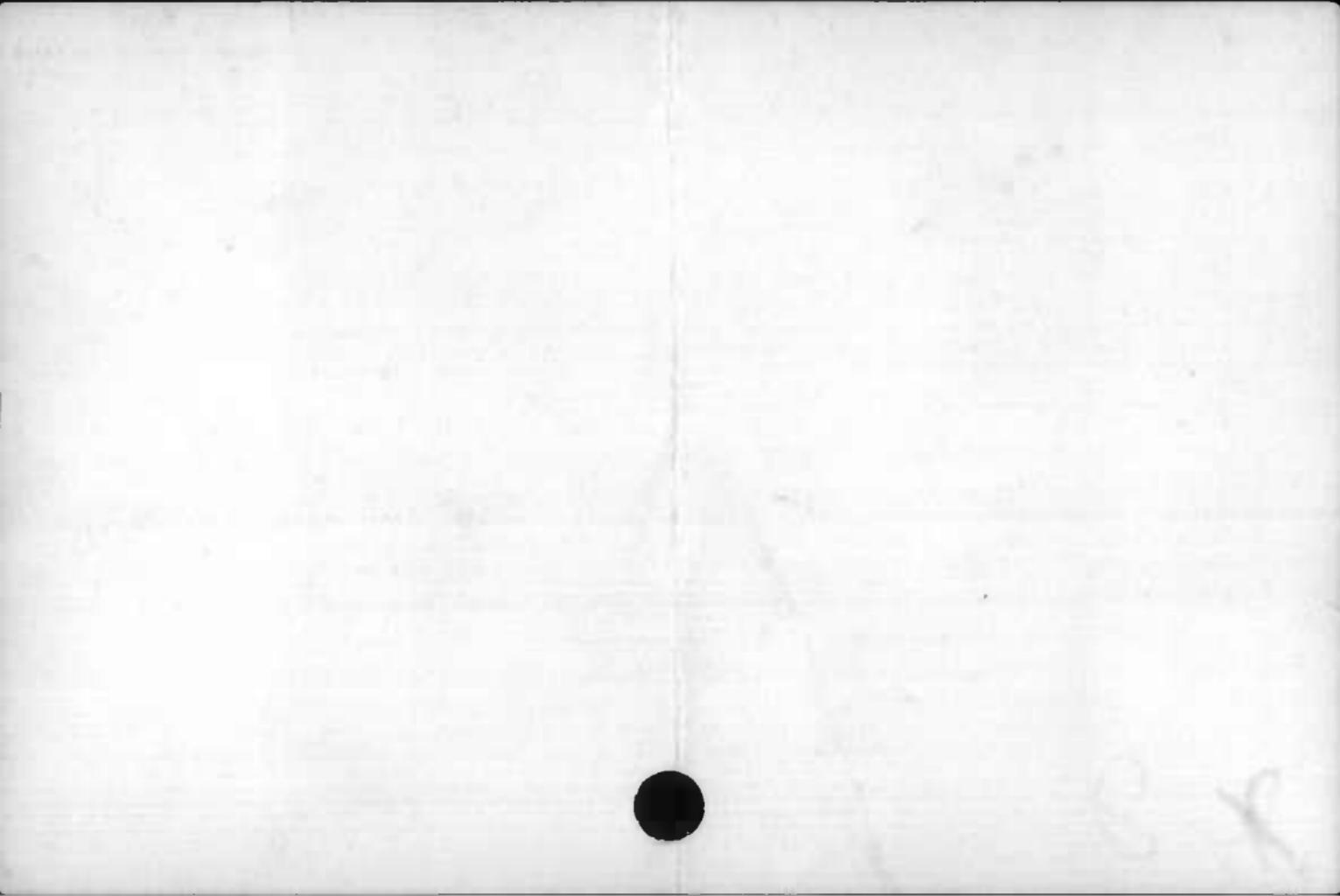
Signature of  
Physician

Address

Off Beale

1st Washington

Accident or Suicide?



Name  
in  
Full

Infant Gardner

Dec 11  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Richard Gardner		
Mother's Maiden Name	Harriet Hawkins		
Name of person giving information	Richard Gardner		

CAUSES OF DEATH

151

Primary	Insanition	How long
Immediate	Convulsion	How long

Are the name, age, sex, color, date and place correctly given above?

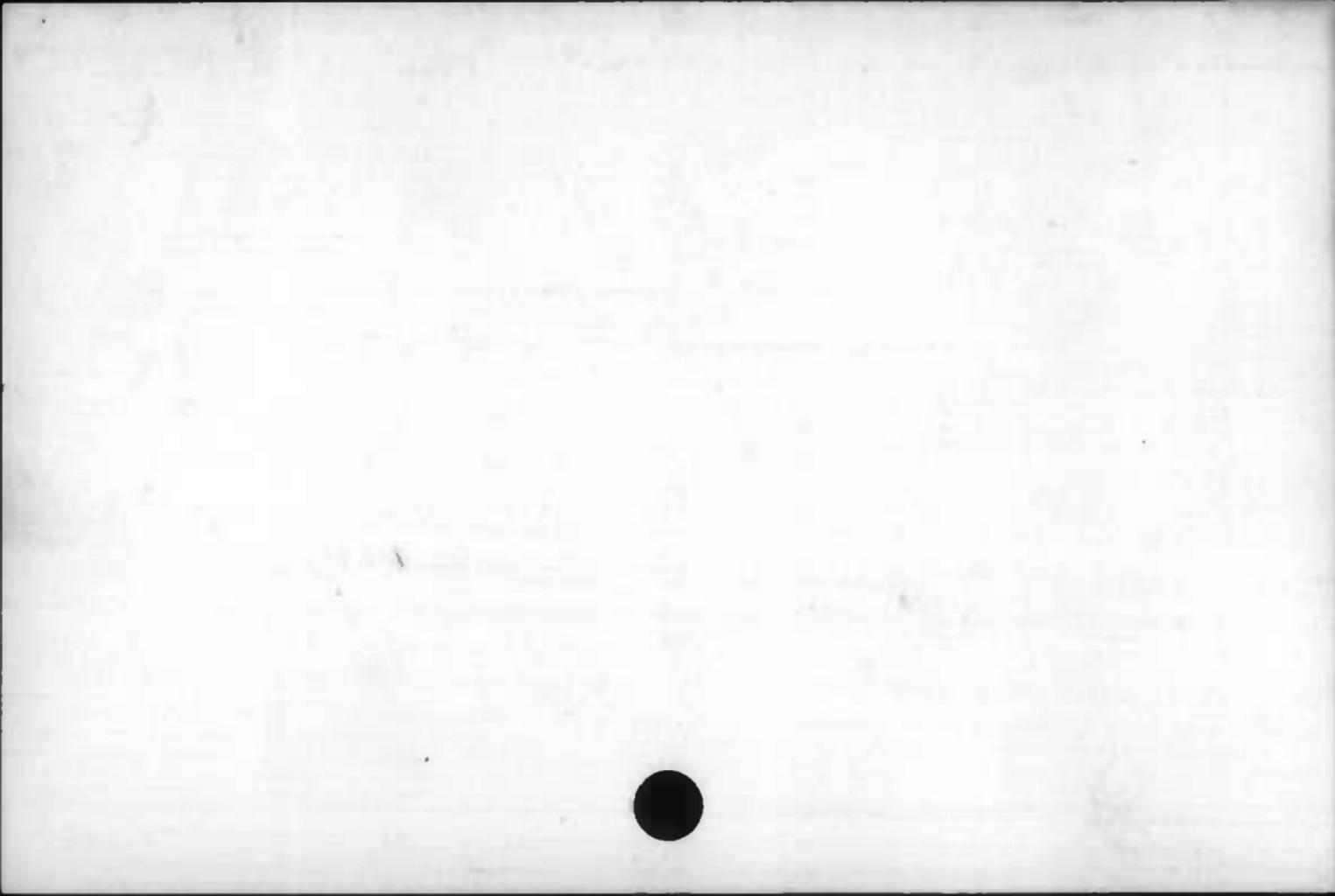
J

Signature of Physician

Address

Frank H. Ruhle  
Lansdowne. Balt Co. Md

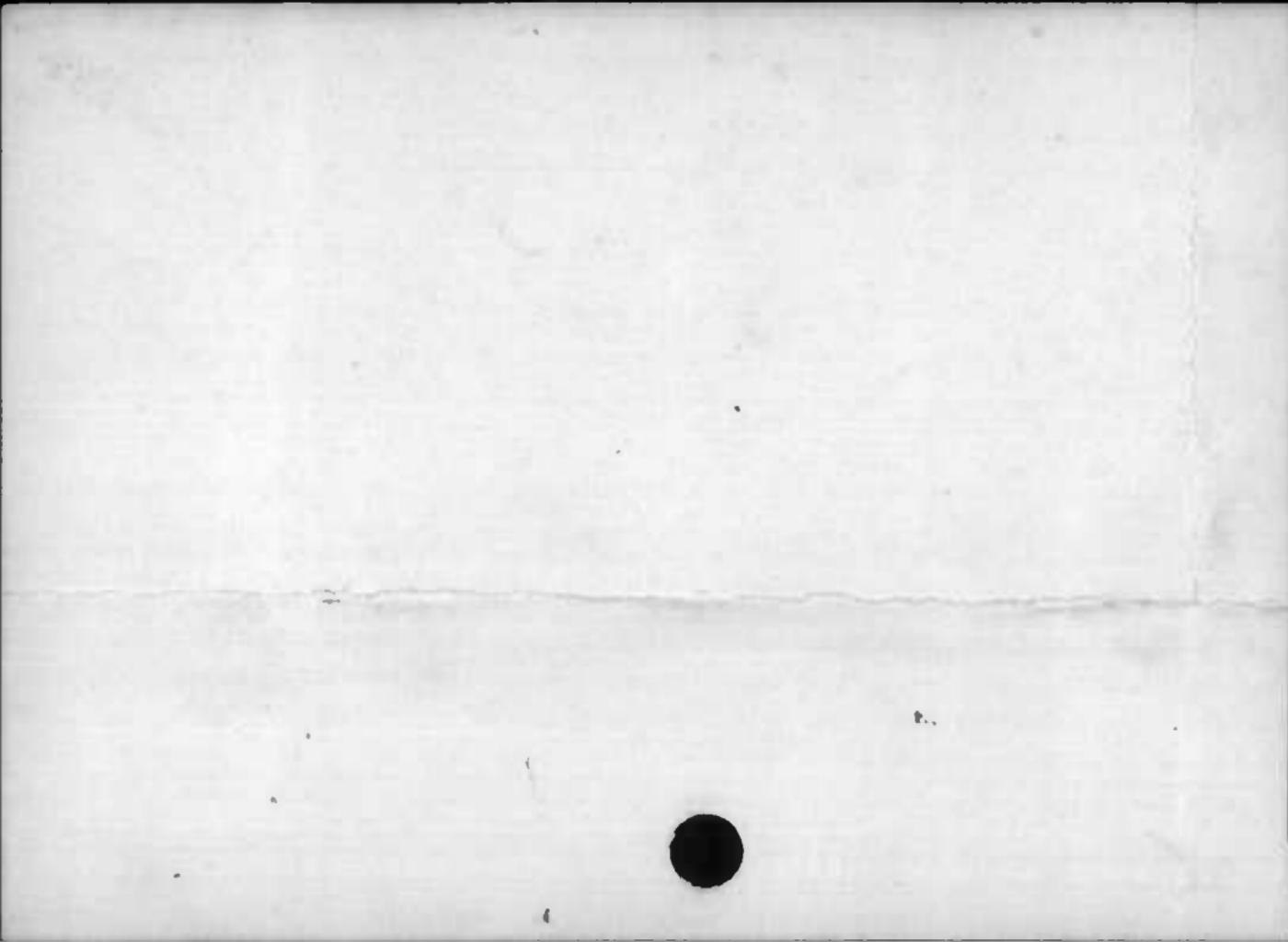
Accident or Suicide?



Lulu B. Gummill

## CERTIFICATE OF DEATH

Died at		Town Gorelands	County Baltimore	MARYLAND		
Date of death	Month 1909 Feb	Day 18	Years 40	Months 3	Days 14	
Sex	Female		Color or Race White	Birth-place Pennia.		
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband J Stephen Gummill			
Father's Name	David J. Bowman		Father's Birthplace Pennia			
Mother's Maiden Name	Lotus J. Tignor		Mother's Birthplace Md.			
Name of person giving Information	J Stephen Gummill		How related to deceased Daughter			
CAUSES OF DEATH				42		
Primary	Carcinoma of uterus		How long 2 Years.			
Immediate	Exhaustion		How long 3 Mo.			
Are the name, age, sex, color, date and place correctly given above?		Yrs.	Signature of Physician H. W. Fair			
Accident or Suicide?			Address 12 & 25 <sup>th</sup> St. Baltimore, Md.			



Name  
in  
Full

John Harper Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Violetsville</u>		Town <u>Baltimore</u>		County <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>2</u>	Day <u>15</u>	Age <u>59</u>	Years	Months <u>2</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Albany N.Y.</u>			
Occupation <u>Clerk</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alice G Gibson</u>		Father's Name <u>John Gibson Jr</u>	Father's Birthplace <u>N.Y.</u>	
Mother's Maiden Name <u>Mary Harper</u>			Mother's Birthplace <u>L.I.</u>		
Name of person giving Information <u>Alice G Gibson</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

Primary

Paralysis

66

How long

2 1/2 hrs

Immediate

Nervous

Post mortem

How long

3 1/2 mcs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.B. Saunders M.D.  
219 E. Preston  
13

Accident or Suicide

London Park

Jos B Cook

Name  
in  
Full

Edith E. Granruth

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Highland	Balto.	Months	Days
Date of death	Month	Day	Years	
of death 1909	Feb.	20	Age 2	5
Sex	Female	Color or Race	White	Birthplace
Occupation	Md			
Married, Single or Widowed	Where Residing if not at place of death			
single				
Father's Name	Name of Wife or Husband			
Harry S. Granruth	Md.			
Mother's Maiden Name	Mother's Birthplace			
Edith Smith	Md.			
Name of person giving Information	How related to deceased			
Harry S. Granruth	Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

asphyxia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

93

How long

How long

A. Warner MD  
320 Highland Ave

Accident or Suicide

no

Place of burial

Mt. Carmel Cem.

Date Feb. 23 - 1909

Undertaker

The Baltimore <sup>or</sup> Funeral Co.

1628 Bank St.

Name  
in  
Full

Mary Margaret Grau

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Highlandtown

County

Balto.

Date of death

1909

Month

Feb.

Day

5<sup>th</sup>

Years

23

Months

6

Days

9

Sex

Female

Color or  
Race

White

Birth-  
place

Balto. Md.

Occupation

House Wife

Where Residing if not  
at place of death

743 S. Third St.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

George P. Grau.

Father's  
Name

Harry Cullison.

Father's  
Birthplace

Balto. Md.

Mother's  
Maiden Name

Barbara Eichorn

Mother's  
Birthplace

Balto. Md.

Name of person giving  
Information

George P. Grau

How related  
to deceased

Balto. Md.

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

Immediata

How long  
3 yrs

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

S. Wolman, M. D.

J

Address

129 N. Broadway  
Balto. Md.

Accident or Suicide

Holy Redeemer Cemetery

Feb 8<sup>th</sup> 09

Lilly and Zeiler  
undertakers

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

# Edward Green

## CERTIFICATE OF DEATH

Town	County			MARYLAND		
Died at	Granite	Baltimore				
Date of death	1909	Month	Day	Years	Months	Days
Sex	male	Color or Race	Black	Birth-place	Va.	
Occupation	None	Where Residing if not at place of death			Sams	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Archis Green	Father's Birthplace	Va			
Mother's Maiden Name	Don't Know	Mother's Birthplace	Don't Know			
Name of person giving Information	Charles Hall	How related to deceased	Grandson			
CAUSES OF DEATH						
Primary	Old age and natural causes			How long	154	
Immediate				How long	few days	

Are the name, age, sex, color, date and place correctly given above?

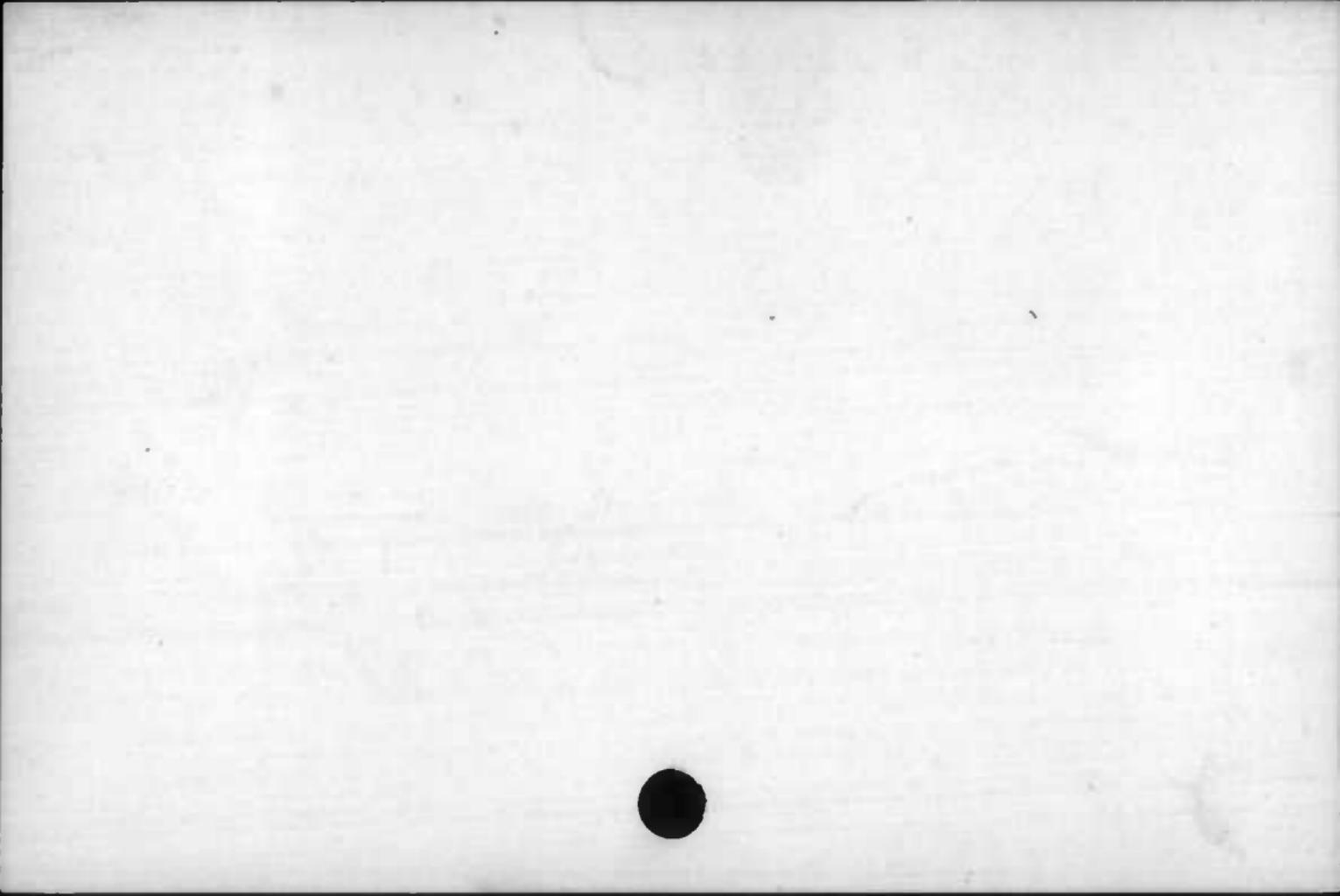
J

Accident or Suicide?

Signature of Physician

Address

John J. Green  
Borrows  
Granite Maryland



Name  
in  
Full

Alley Gwill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND							
Date of death	1909	Month	7th	Day	12	Years	49	Months	9	Days	0	
Sex	Male	Color or Race	White	Birth-place	England							
Occupation	Fanner	Where Residing if not at place of death										
Married, Single or Widowed		Name of Wife or Husband	Emma Gwill									
Father's Name	John Gwill											
Mother's Maiden Name	Jane Powell											
Name of person giving Information	Emma Gwill											

CAUSES OF DEATH

103

PHYSICIAN  
OR CORONER

Primary

Gastric Ulcer

How long

17 days

Immediate

Intracranial Hemorrhage

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

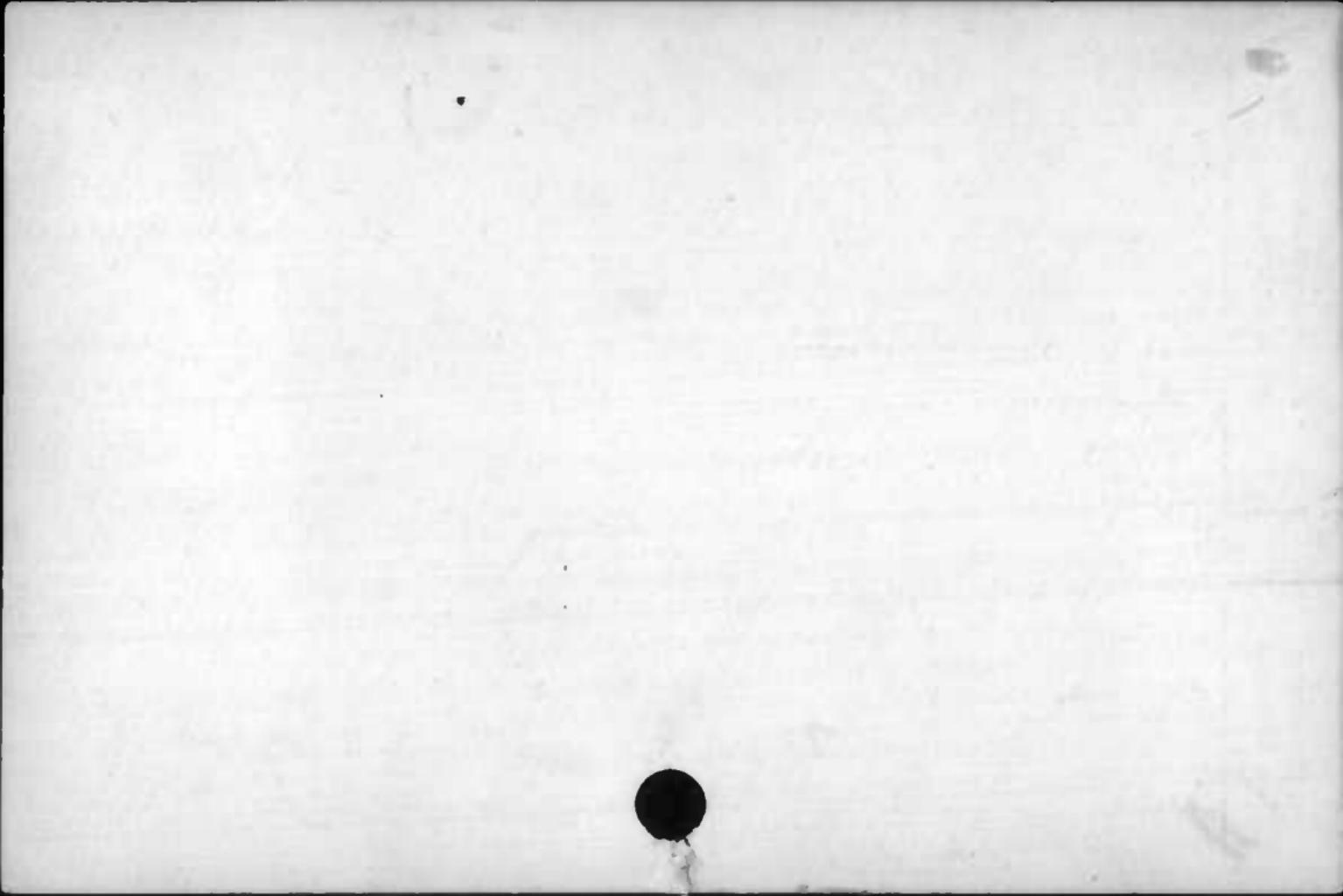
Signature of Physician

Address

Dr. J. G. Benson  
Buckysville

MD

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dora C. Hall

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Sunnys Brook

Baltimore County

MARYLAND

Date Died at Month Day Year Months Days  
of death 1909 2 18<sup>th</sup> 45 - - -

Sex Female Color or Race White

Birthplace Baltimore

Occupation Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

J. M. Hall

Father's  
Name

Thomas Johnston

Father's  
Birthplace

Mo

Mother's  
Maiden Name

Mary J. Germann

Mother's  
Birthplace

"

Name of person giving  
Information

How related  
to deceased

Sister

CAUSES OF DEATH

175

How long

Primary

How long

Immediate

Pneumonia by streptococcus

20 minutes

Are the name, age, sex, color, date  
and place correctly given above?

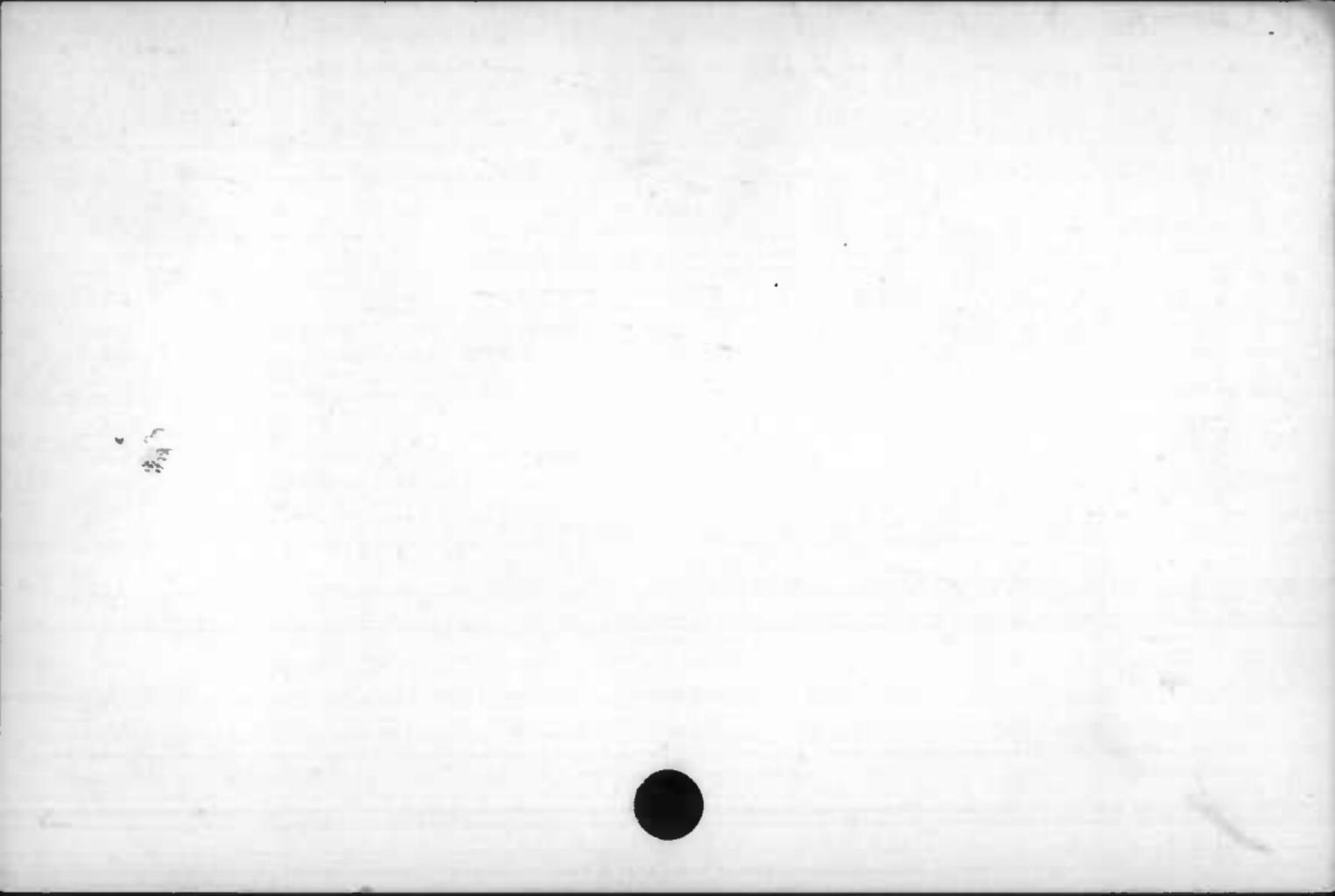
Signature of  
Physician

Address

J. M. Paynoy  
Sunnys Brook  
Md. 10

Accident or Suicide?

Accident



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Mary Hare

CERTIFICATE OF DEATH

Died at	Death Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Joseph Hare				
Father's Name	Ira Daumkskis		Father's Birthplace	Dunmore		
Mother's Maiden Name	Dorsey.		Mother's Birthplace	.. ..		
Name of person giving Information	Ida Hare		How related to deceased	Daughter-in-law		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastric

64

How long

4 yrs.

Immediate

Hepatitis

1 hrs.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

E. R. Albaugh.

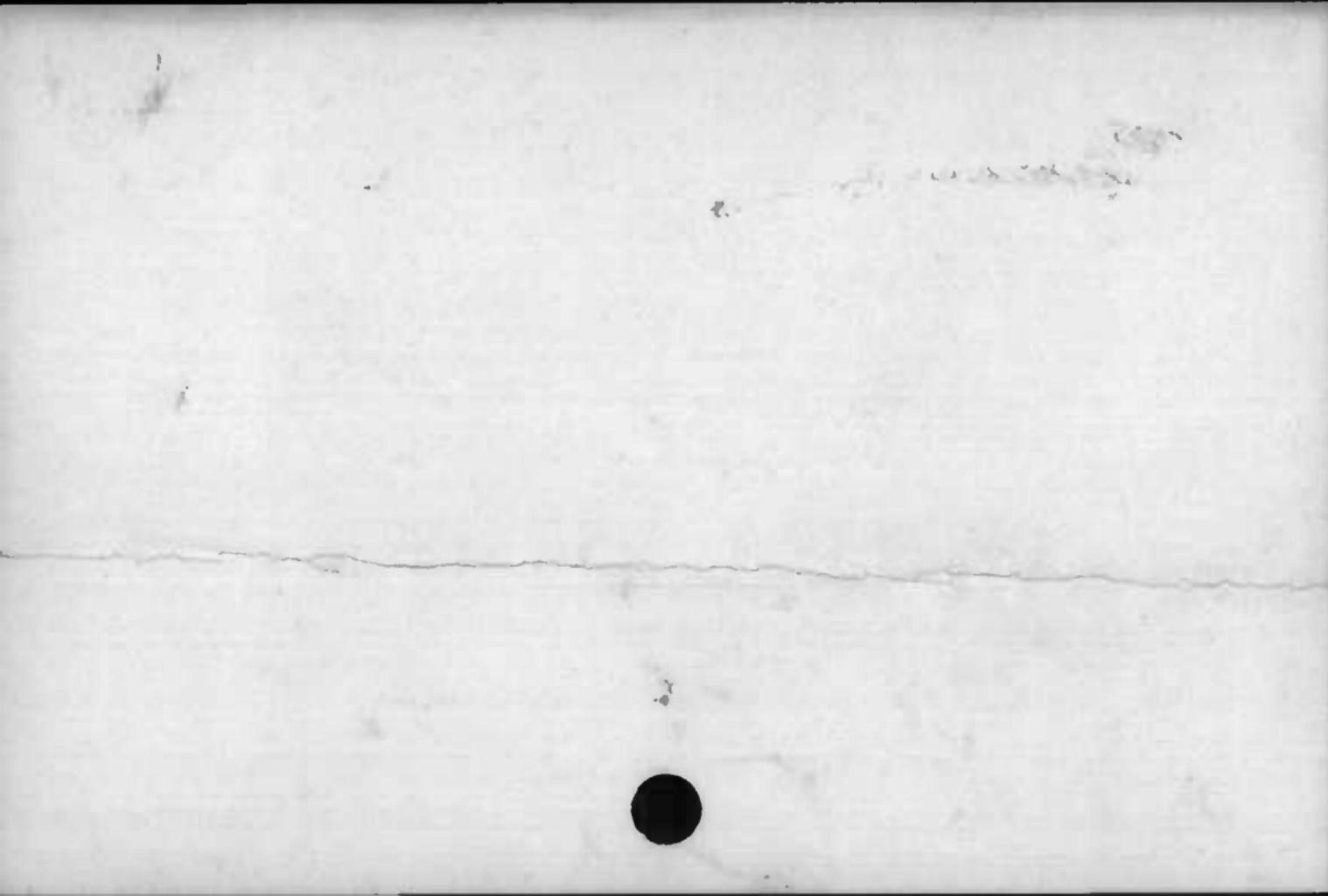
Address

Bryn Rock

Accident or Suicide?

No.

Pg. 6



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elisha Harrington

Town

Roland Park

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date  
of death

1909 Feb

20

Age

82

0

24

Sex

Male

Color or  
Race

White

Birth-  
place

Hartford Conn.

Occupation

Retired Furniture Manufacturer

Where Residing If not  
place of death

Roland Park Md.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sarah G. Harrington

Father's  
Name

Elisha Harrington

Father's  
Birthplace

New England

Mother's  
Maiden Name

Fannie Bowles

Mother's  
Birthplace

Hartford Conn

Name of person giving  
Information

Mrs. Sarah G. Harrington

How related  
to deceased

Wife

CAUSES OF DEATH

119

Primary

Acute nephritis

How long

7 days

Pulmonary edema

Immediate

Pneumonia, summer

How long

7 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

M. G. G.

Port

Address

Roland Park Md.

J

No

Accident or Suicide?

Maurice Hough  
Harvest 3/22  
Interred 3/24/19  
J. E. Hough Co.  
1422 Fresh  
air

Name  
in  
Full

George Washington Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1909	Feb.	17	Age 75-	—	—		
Sex male	Color or Race	colored					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	married	Name of Wife or Husband	Eliza Ann Harris				
Father's Name	Charles Harris					Father's Birthplace	Baltimore Co.
Mother's Maiden Name	Mary — (unknown)					Mother's Birthplace	Baltimore Co.
Name of person giving information	Grason Harris					How related to deceased	son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart disease

79

How long

1 yr. & 2 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

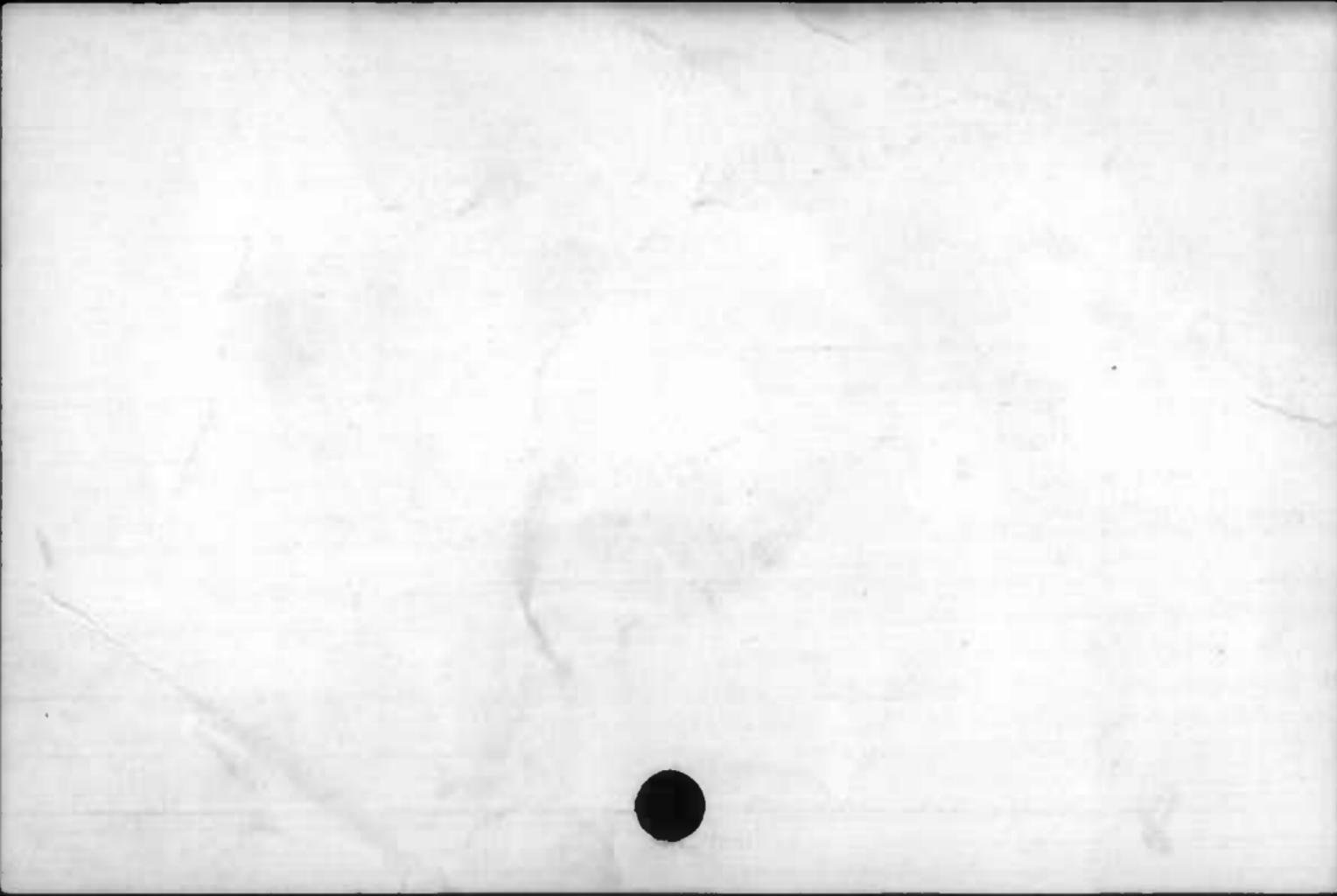
Signature of Physician

Address

Thomas H. Emory, M.D.  
Montgomery, Md.

Accident or Suicide?

10



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

# Earl M. Harrison

Town

County

MARYLAND

Died at

Thistle

Balto

Date  
of death

1909

Month

Feb

Day

4

Years

10

Months

9

Days

14

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

None

Where Residing if not  
at place of death

Thistle

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Joseph W. Harrison

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Olivia S. Peoples.

Mother's  
Birthplace

W. B.

Name of person giving  
Information

Joseph W. Harrison

How related  
to deceased

Father

## CAUSES OF DEATH

92

Primary

How long

Bronchitis, emphysema &amp; asthma) 6 weeks

How long

Immediate

1 month

asthma

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

W. C. Shire M.D.

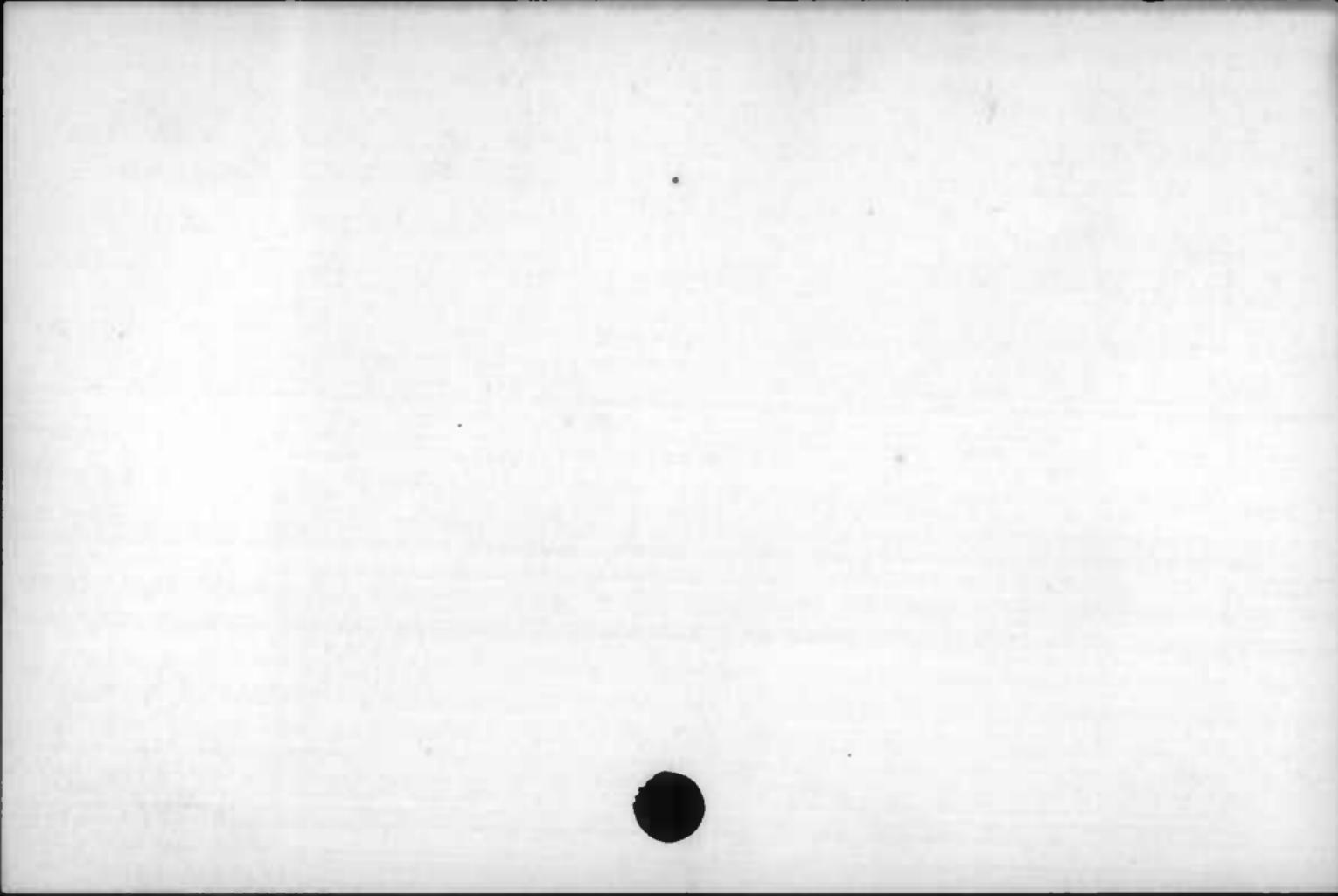
J

Address

Elliot Hall

Accident or Suicide?

M.W.H.



Name  
in  
Full

Ruf Ely Hart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Middle River</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Aug</u>	Day <u>19</u>	Years <u>1</u>	Month <u>3</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>W. H. Hart</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Ida Jenkins</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Mrs Constant</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

(6)

Primary

Miasis

How long

9 days

Immediate

Capillary Branchitis & As the

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

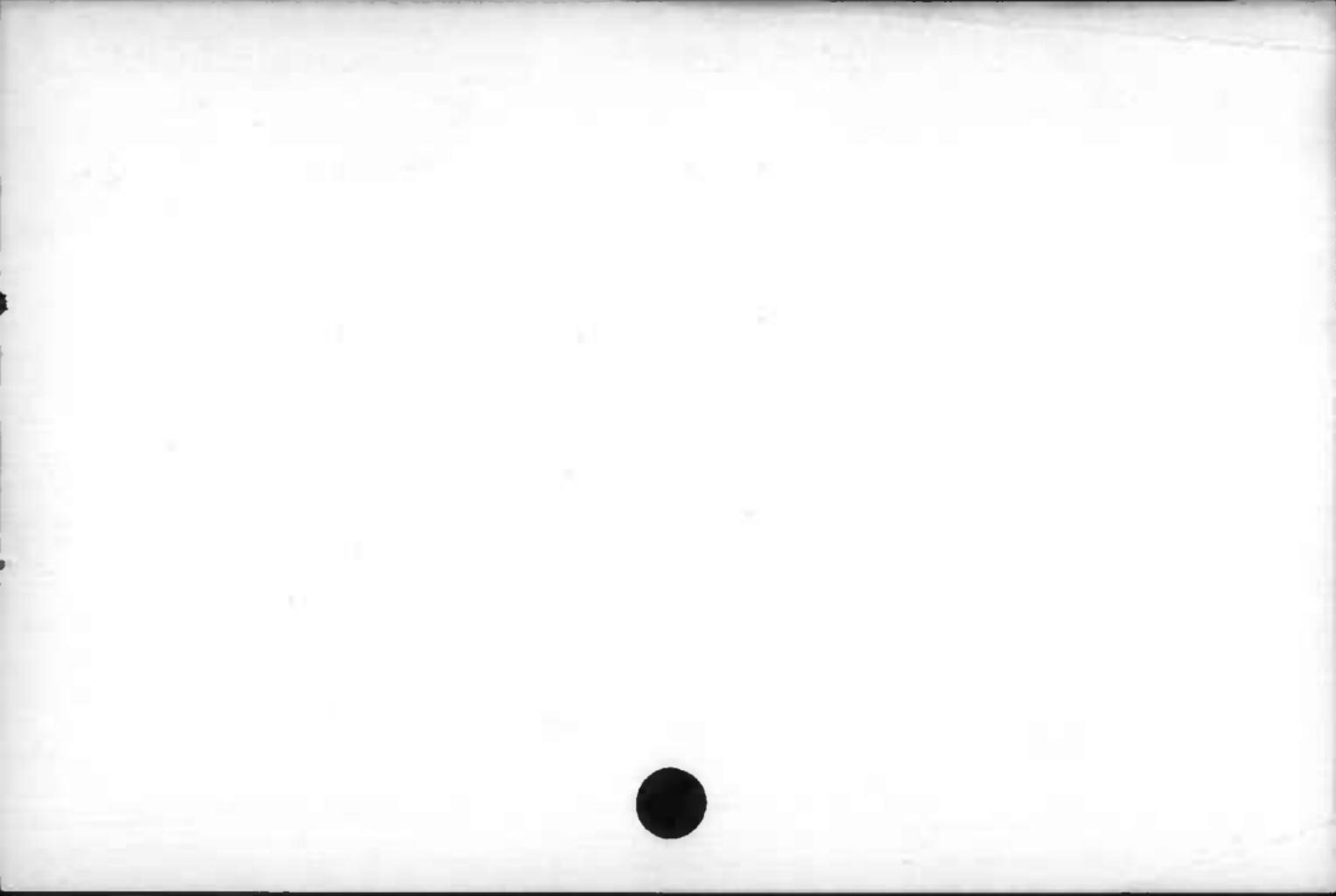
Signature of Physician

John W. Hartman M.D.

Address

Middle River Md

Accident or Suicide



Name  
in  
Full

John Edward Helene.

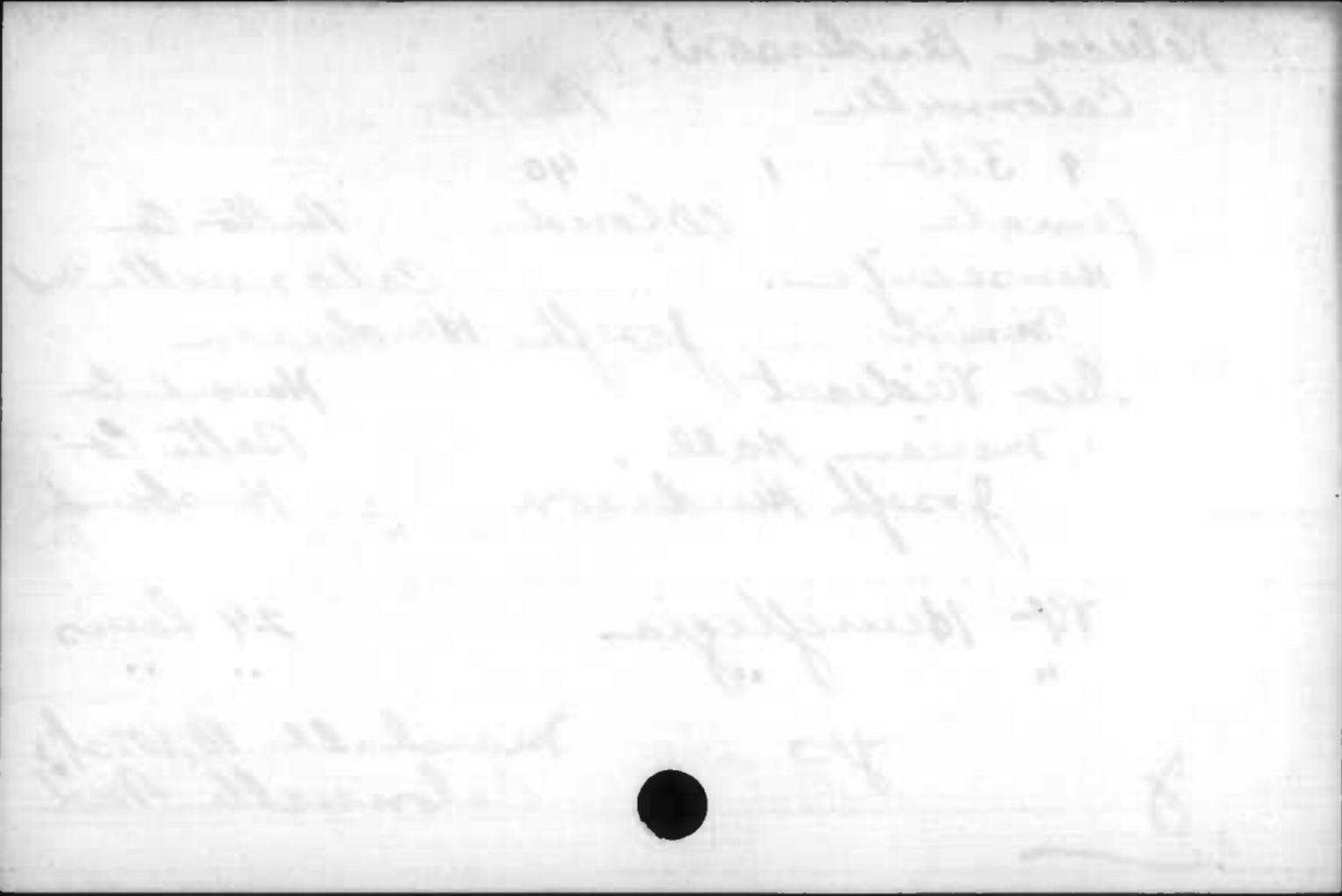
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Carrie Piegler		
Father's Name	Daniel Helene.			
Mother's Maiden Name	Mary Gittiger.			
Name of person giving information	Jacob Helene.			
CAUSES OF DEATH				
Primary	How long			
Immediate	Tuberculosis How long Three months			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address			
8	Dr. J. Wilson, M.D. Baltimore, Maryland.			
Accident or Suicide?				

27



Name  
in  
Full

Rebecca Henderson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Balto.	Count	MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	female	Color or Race	colored.	Birth-place
Occupation	Housewife.	Where Residing if not at place of death	Balto Co Catonville Md	
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph Henderson	
Father's Name	Geo Rideout	Father's Birthplace	Howard Co	
Mother's Maiden Name	Marian Hall	Mother's Birthplace	Balto Co	
Name of person giving information	Joseph Henderson	How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Rt Ideniflegia

(66)

How long

24 hours

Immediate

"

"

How long

.. ..

Are the name, age, sex, color, date and place correctly given above?

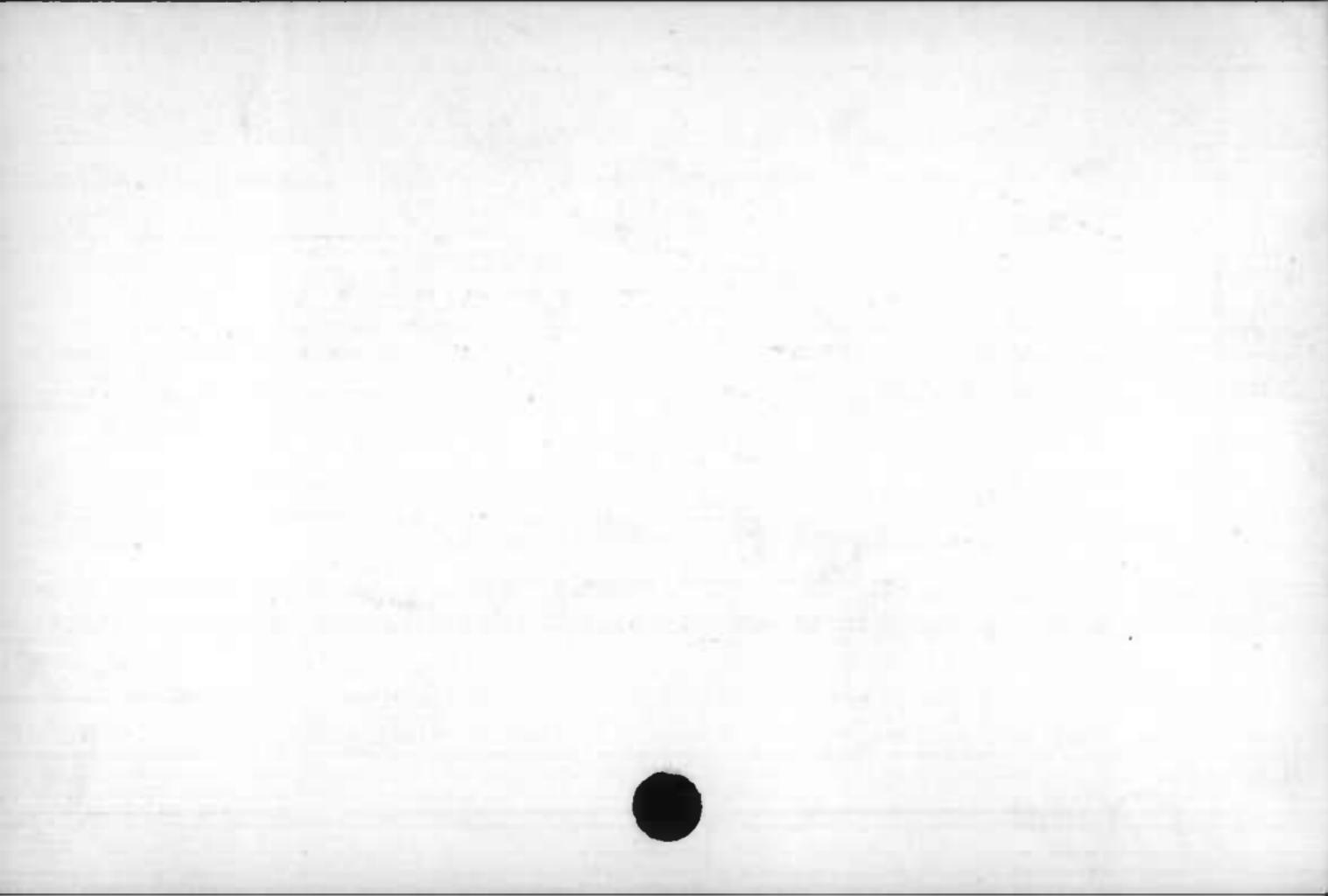
yes

Signature of Physician

Address

Marshall B. West.  
Catonville Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Name in Full		William F. Hoffman		County			
Died at		Town	Raspeburg.	Baltimore		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1909	2	1	23		9	9	
Sex	Male.	Color or Race	White	Birth- place	Baltimore, Md		
Occupation	Cabinet maker.						
Married, Single or Widowed	Single	Name of Wife or Husband		Where Residing if not at place of death			
Father's Name	George Hoffman		Father's Birthplace				
Mother's Maiden Name	Mary Beerydorff		Mother's Birthplace				
Name of person giving Information	Felix Berlinske		How related to deceased				

## CAUSES OF DEATH

27

Primary

Pulmonary tuberculosis

How long

Eleven months

Immediate

Pulmonary hemorrhage

How long

One day

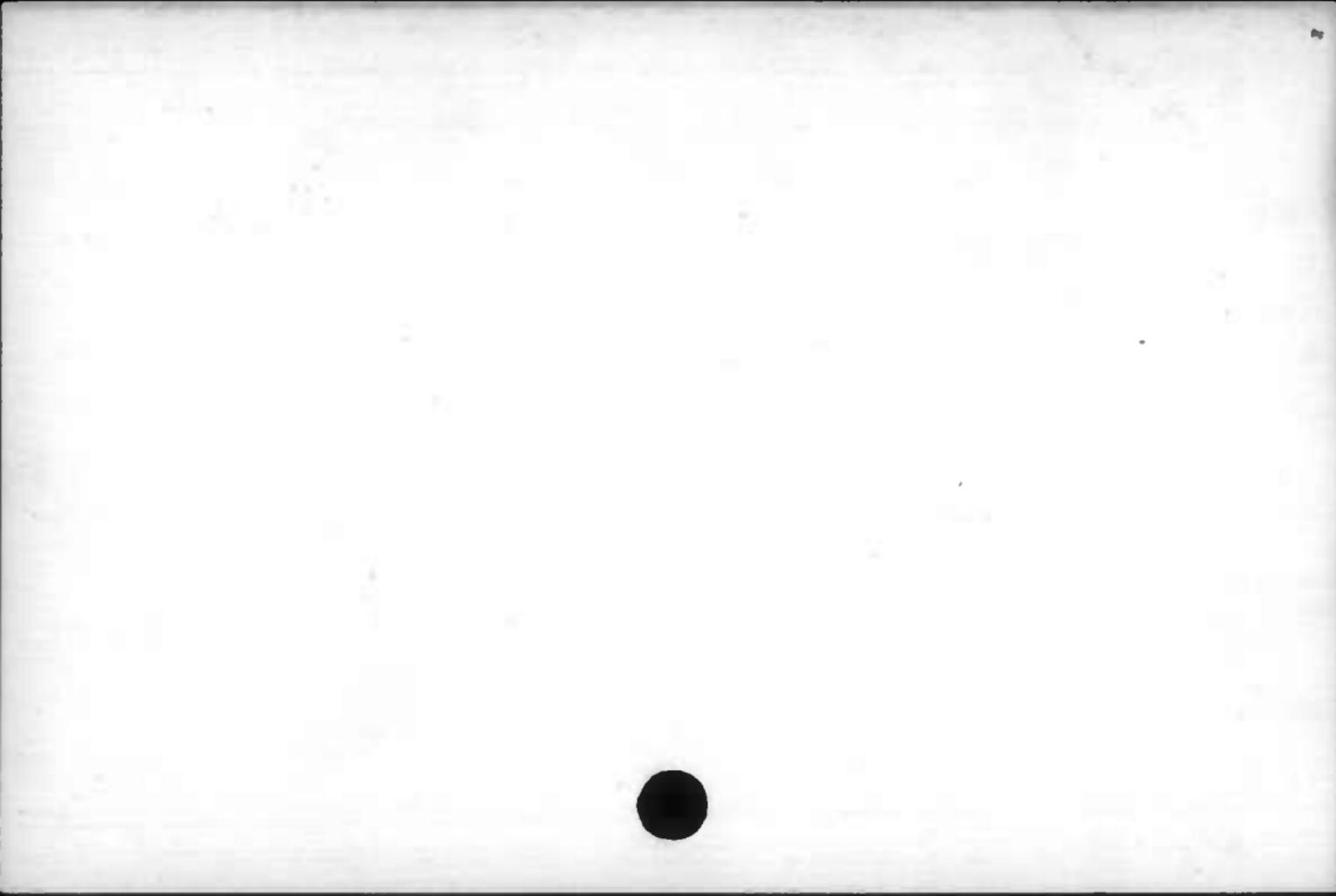
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

D. E. Lilly

2076 Cromwell St  
Baltimore, Md.

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William F Hook						CERTIFICATE OF DEATH		
Died at	Tow	County			MARYLAND			
Date of death	Month	Day	Years	Age	Months	Days		
1909	2	4	46					
Sex	Male	Color or Race	White	Birth-place	Baltimore City			
Occupation	Clerk	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Minnie Thompson	Father's Name	unknown	unknown		
Father's Name	unknown			Father's Birthplace	unknown	unknown		
Mother's Maiden Name	unknown			Mother's Birthplace	unknown	unknown		
Name of person giving Information	Minnie M Hook			How related to deceased	wife			

CAUSES OF DEATH

27

How long

21 Years

How long

3 mos

Primary

tuberculosis

Immediate

tuberculosis

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. F. & L. Sonnenberg  
Fork

Accident or Suicide?

Med

11



Name  
in  
Full

Franklin S. Horn

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Catonsville		County Baltimore		MARYLAND	
Date of death 1909	Month 3	Day 5	Age 14 hours	Months	Days
Sex Male	Color or Race white	Birth-place Catonsville Md			
Occupation Farmer	Where Residing if not at place of death Home				
Married, Single or Widowed Single	Name of Wife or Husband Farmer				
Father's Name George S. Horn	Father's Birthplace Philadelphia				
Mother's Maiden Name Rosa M. Gaur	Mother's Birthplace County Pa				
Name of person giving Information Farmer	How related to deceased Father				
CAUSES OF DEATH					
Primary Congenital Cardiac Disease Defect in the Anterior Septum					
Immediate Cyanosis & Asphyxia	150 How long 14 hours				
Are the name, age, sex, color, date and place correctly given above? Father	Signature of Physician J. Chatthaegill				
	Address Catonsville				

Accident or Suicide?

Henry W. Meany & Son

Place of burial Cathedral  
Cemetery

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Susan Howard					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Bengt		Balt					
Date of death	Month	Day	Years	Months	Days		
1909	Feb	12	72	4	21		
Sex	Female	Color or Race	which	Birth-place	Md		
Occupation	H.O.	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	Sister Howard				
Father's Name	Howard Christopher			Father's Birthplace	Md		
Mother's Maiden Name	Mrs. C. Howard			Mother's Birthplace	New England		
Name of person giving Information	Wm. Howard			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

120

How long

2 yrs.

Immediate

Anemia

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

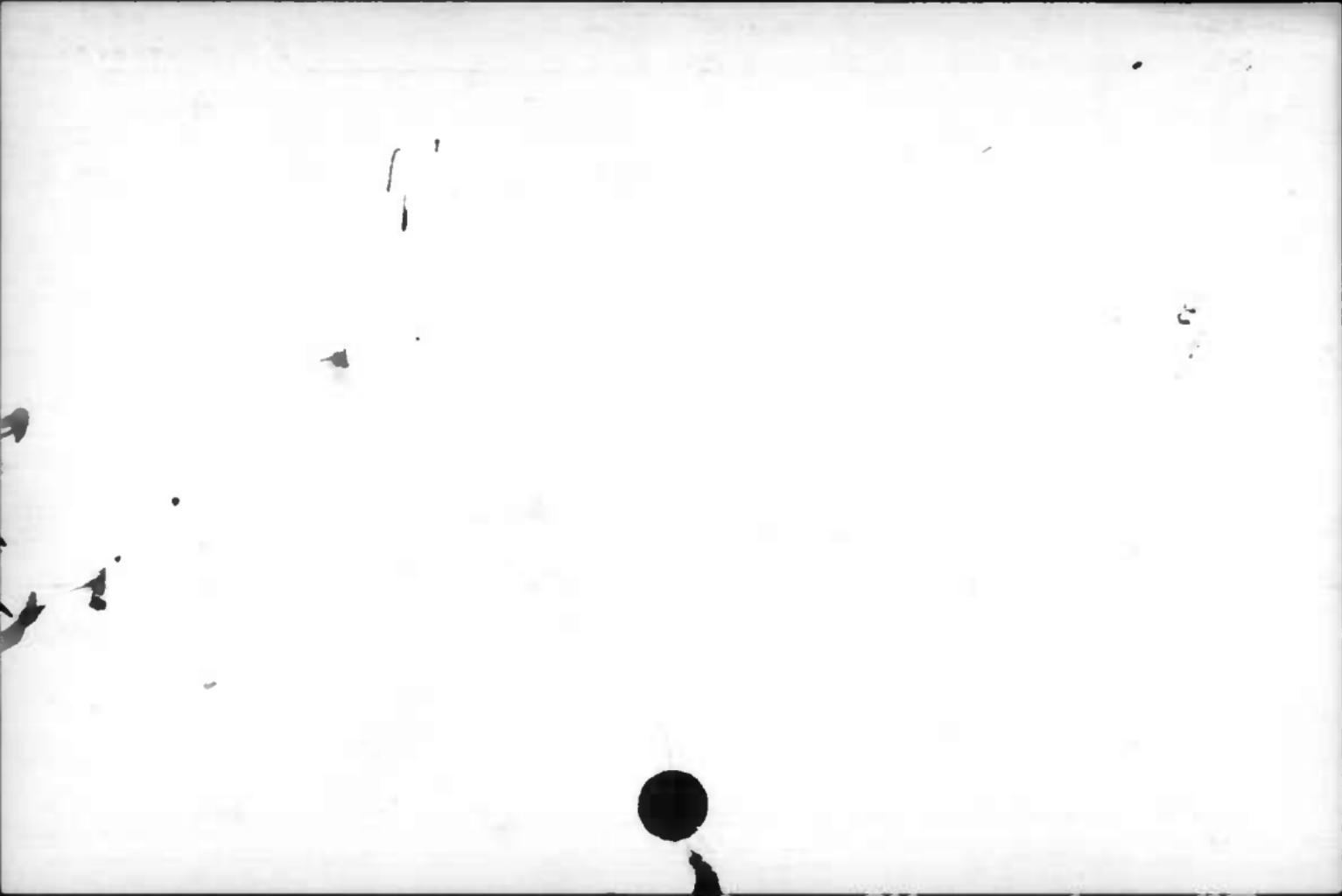
Signature of Physician

Address

Howard Hospital  
middle Road

Accident or Suicide

Yes



Name  
in  
Full

Clara Ross Hartshorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	Birth-place				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Henry C. Hartshorn					
Father's Name	David	Ross	Father's Birthplace				
Mother's Maiden Name	Mary G. Brown	Harry Ross Hartshorn	Mother's Birthplace				
Name of person giving information	How related to deceased						

PHYSICIAN  
OR CORONER

Primary

Pneumonia

CAUSES OF DEATH

92

How long

Immediate

Acute indigestion

How long

8 weeks  
half hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

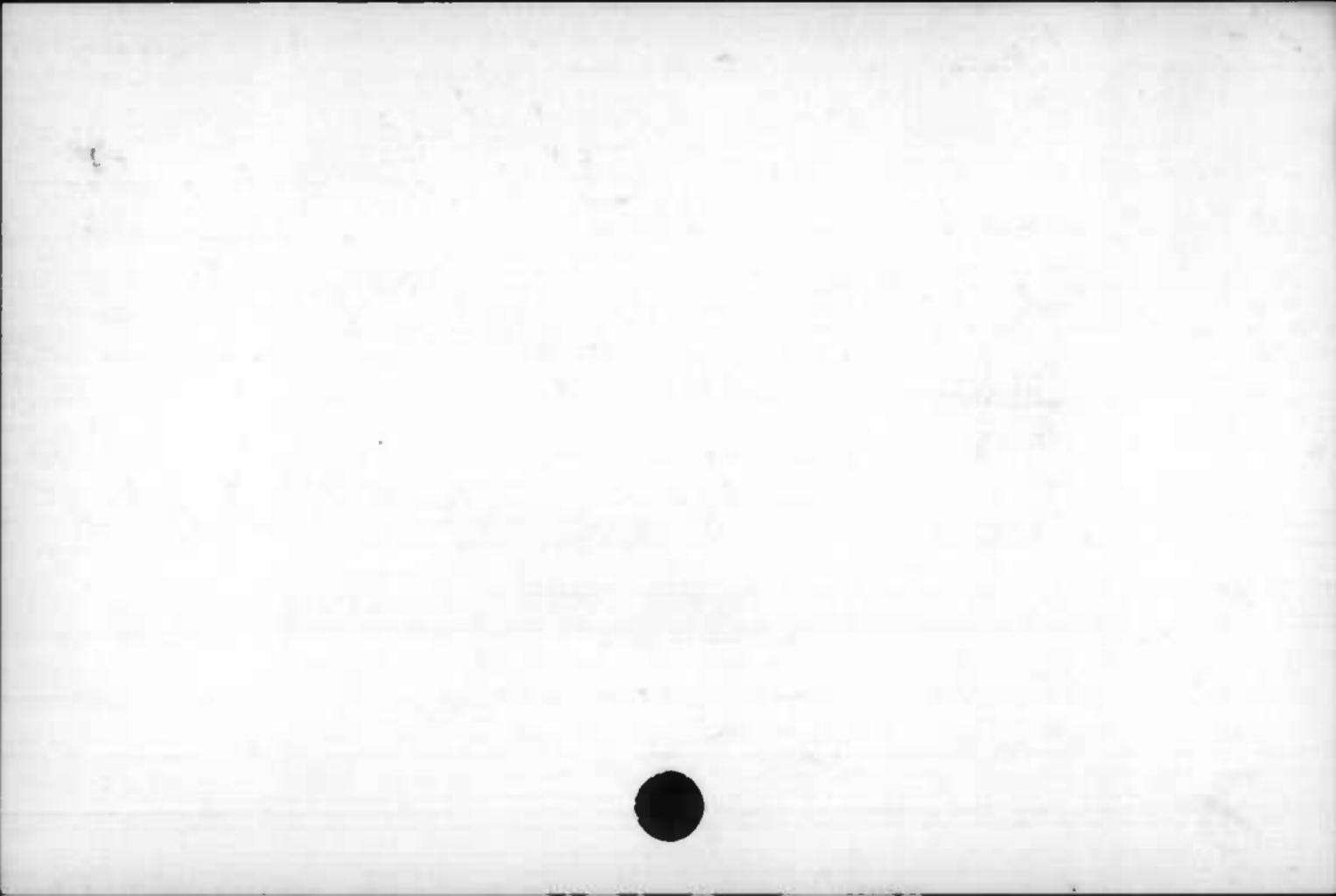
Address

Dr. Payne  
Circus

Accident or Suicide?

8

10



Name  
in  
Full

Frank Webster Jarrett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Towson

Town

County

MARYLAND

Date  
of death 1909 Feb

Month

Day

Years

Age 55

Months

2

Days

17

Sex male

Color or  
Race

white

Birth-  
place

Jarrettsville

Occupation

Painter

Where Residing if not  
at place of death

Towson, Md

Married, Single  
or Widowed

Single

Name of wife or  
Husband

Father's  
Name

James H. Jarrett

Father's  
Birthplace

Jarrettsville

Mother's  
Maiden Name

Julia N. Spottiswood

Mother's  
Birthplace

Carlsbad, Pa

Name of person giving  
Information

H. S. Jarrett

How related  
to deceased

Brother

CAUSES OF DEATH

120

Hour long

one year almi

How long

Primary

Chronic nephritis

Immediate

Convulsion (Uraemic)

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

H. S. Jarrett

Towson, Md.

J

Accident or Suicide?

No

John Burns Sons  
Towson

Prospect Hill Cem.  
Balto. Co.

111  
#

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Magdalen Jerabek

CERTIFICATE OF DEATH

Died at <u>St Denis</u> Town,		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>Feby</u>	Day <u>14</u>	Age <u>75</u>	Years <u>4</u>	Months <u>0</u>	Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Bohemia</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>St Denis, Md.</u>					
<del>Maid</del> <del>or Widowed</del>	Name of Husband <u>Wenceslaus Jerabek</u>					
Father's Name <u>Codetk</u>	Father's Birthplace <u>Bohemia</u>					
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Bohemia</u>					
Name of person giving information <u>Joseph Svec</u>	How related to deceased <u>Son in law</u>					

CAUSES OF DEATH

40

Primary <u>Carcinoma of liver</u>	How long <u>6 mos.</u>
Immediate <u>Manitol</u>	How long <u>2 wks.</u>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. R. Eareckoon

Address

Een Ridge Md.

Accident or Suicide?

13

Ph. Henwig -  
Oak H. c.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Evelyn E. Johnson

Born Dec 14

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Same	
Married, Single or Widowed	Name of Wife or Husband				Same
Father's Name	Robert Johnson			Father's Birthplace	Dad
Mother's Maiden Name	Eunice Mack			Mother's Birthplace	Mom
Name of person giving Information	Robert Johnson			How related to deceased	Father

CAUSES OF DEATH

95°

How long

How long

Primary

Pulmonary Constriction

2 days

Immediate

Exhaustion of Strength

of ten hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John M Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at 333 Fall Road

Baltimore Co

Date of death 1909 Month Feb Day 10 Age 67 Years Months 11 Days 17

Sex Male Color or Race colored Birthplace Md

Occupation Well digger Where Residing if not at place of death 333 Fall Road

Married, Single or Widowed Married Name of Wife or Husband Mary A Johnson

Father's Name Reason M Johnson Father's Birthplace Md

Mother's Maiden Name Not known Mother's Birthplace "

Name of person giving information Mr. M. A. Johnson How related to deceased wife

CAUSES OF DEATH

10

How long 2 wks

Primary

La Grippe

Immediate

Acute Cystitis

How long 4 wks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. G. Gutzoff

Accident or Suicide?

Address

304 W. Middle St  
Baltimore City, Md

PARTICULARS  
OR CORONER

A. S. Mars Hall  
3539 Falls Road  
Mt. Auburn Cemetery  
Feb 13-09

Name  
in  
Full

Mary E Johnson

Born Sept 17

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Ashland Hotel Baltimore Town Baltimore County MARYLAND  
Date of death 1909 Feb 17 Month Feb Day 17 Years Age  
Sex Female Color or Race Negro  
Occupation Nurse  
Where Residing if not at place of death Sparks Street

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Sylvia Johnson

Father's Birthplace

Or

Mother's Maiden Name

Maudie Coleman

Mother's Birthplace

Ja

Name of person giving Information

Sylvia Johnson

How related to deceased

Father

CAUSES OF DEATH

92

How long

1 week

How long

24 hours

PHYSICIAN  
OR CORONER

Primary

Bronchitis

Immediate

Inflammation

Are the name, age, sex, color, date and place correctly given above?

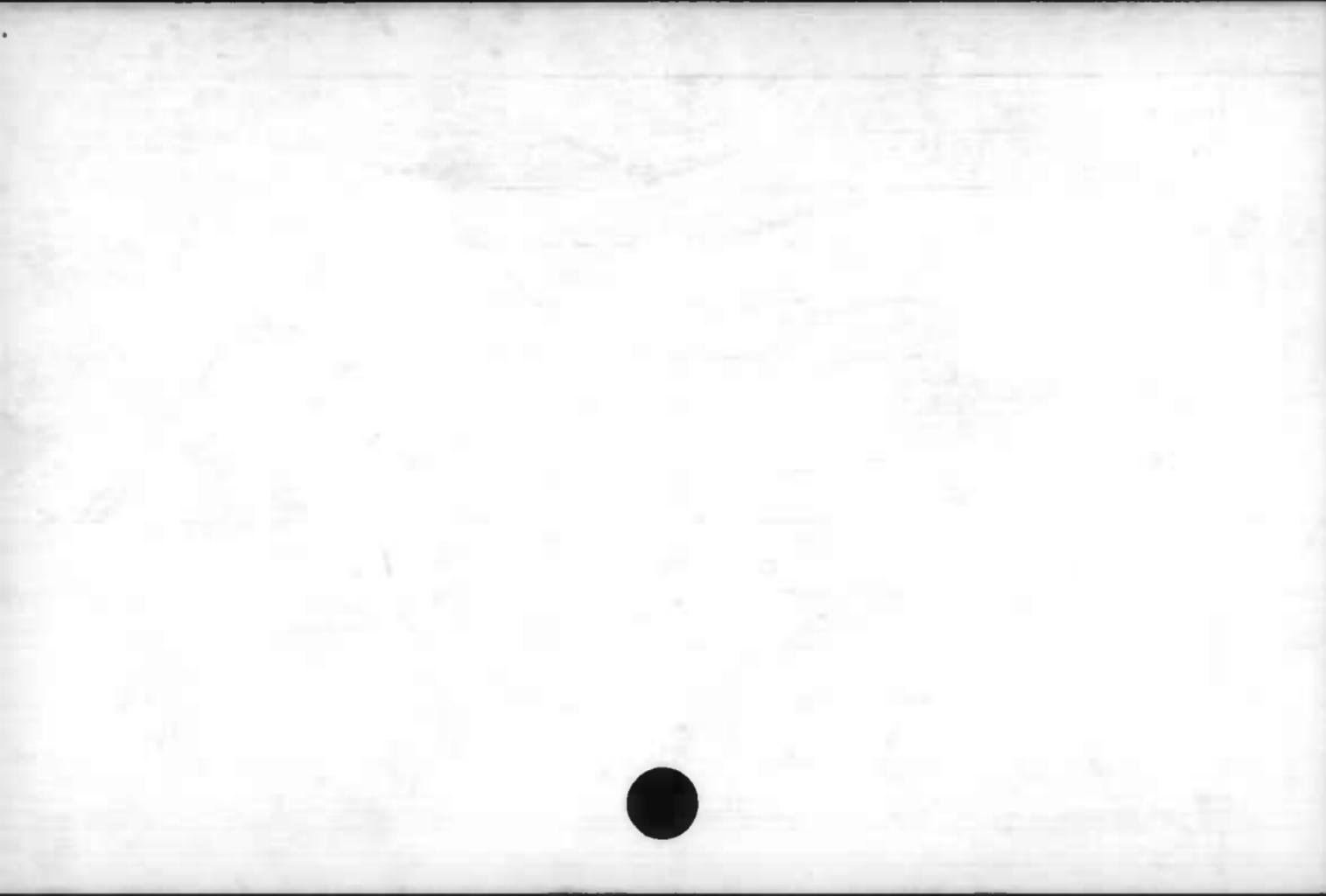
yes

Signature of Physician

Address

J.C. Elledge M.D.  
Sylvia's Place  
mes

Accident or Suicide



Name  
in  
Full

Nannie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt. Hope Reformatory</u>		Town	<u>Baltimore</u>		County	MARYLAND	
Date of death	1909	Month 7 - sr	Day 2 <sup>nd</sup>	Age 66	Years	Months Not Known	Days Not Known
Sex Female	Color or Race White					Birth place Richmond Va	
Occupation none				Where Residing if not at place of death Richmond Va			
Married, Single or Widowed Single	Name of Wife or Husband White						
Father's Name not Known				Father's Birthplace Not Known			
Mother's Maiden Name II				Mother's Birthplace Not Known			
Name of person giving Information Ricks in Mt. Hope Reformatory				How related to deceased II			

CAUSES OF DEATH

(69)

PHYSICIAN  
OR CORONER

Primary Mania Epileptica	How long over 11 years
Immediate &c. Status Epilepticus	How long 4 & 8 hrs
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address J. J. Flannery Mt. Hope Reformatory Mt. Hope Md.
Accident or Suicide?	



Name  
in  
Full

Edward L. Judge

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Graustown</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Feb</u>	Day <u>17</u>	Years <u>69</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u>Publisher</u>	Where Residing if not at place of death <u>Graustown</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Edward Paul Jr</u>	Father's Birthplace	<u>Yuland</u>		
Mother's Maiden Name	<u>Catherine McNulty</u>	Mother's Birthplace	<u>"</u>		
Name of person giving information	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart disorder

79

How long

Immediate

Heart weakness

How long

a few minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E.L. Duncan

J

Address

Graustown

Accident or Suicide?

No.

Cathedral Cemetery  
H.C. Windefeld  
914 Greenmount Ave.

Feb 19/09

Name  
In  
Full

Williams County

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Gilmor st Battell city		
Father's Name	Wm County		Father's Birthplace	Carroll co. MD	
Mother's Maiden Name	Susanna Blom		Mother's Birthplace	Carroll co. MD	
Name of person giving information	Rosie Bosley		How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

27

Primary Pulmonary Tuberculosis

How long

about 1 yr

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

9

Address

A. W. Slade  
Baltimore Md.

Accident or Suicide?

Make Permit out in  
Joseph Clark name

Name  
in  
Full

Samuel Levin

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
9	Feb.	16	17	4	-
Sex	Male	Color or Race	White	Birth- place	Russia
Married, Single or Widowed	single	Occupation	none		
Name of Wife or Husband					
Father's Name	Joseph				
Mother's Maiden Name	Elk Mary Reichelson				
Name of person giving Information	Dr. Ackminnow.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

3 yrs.

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

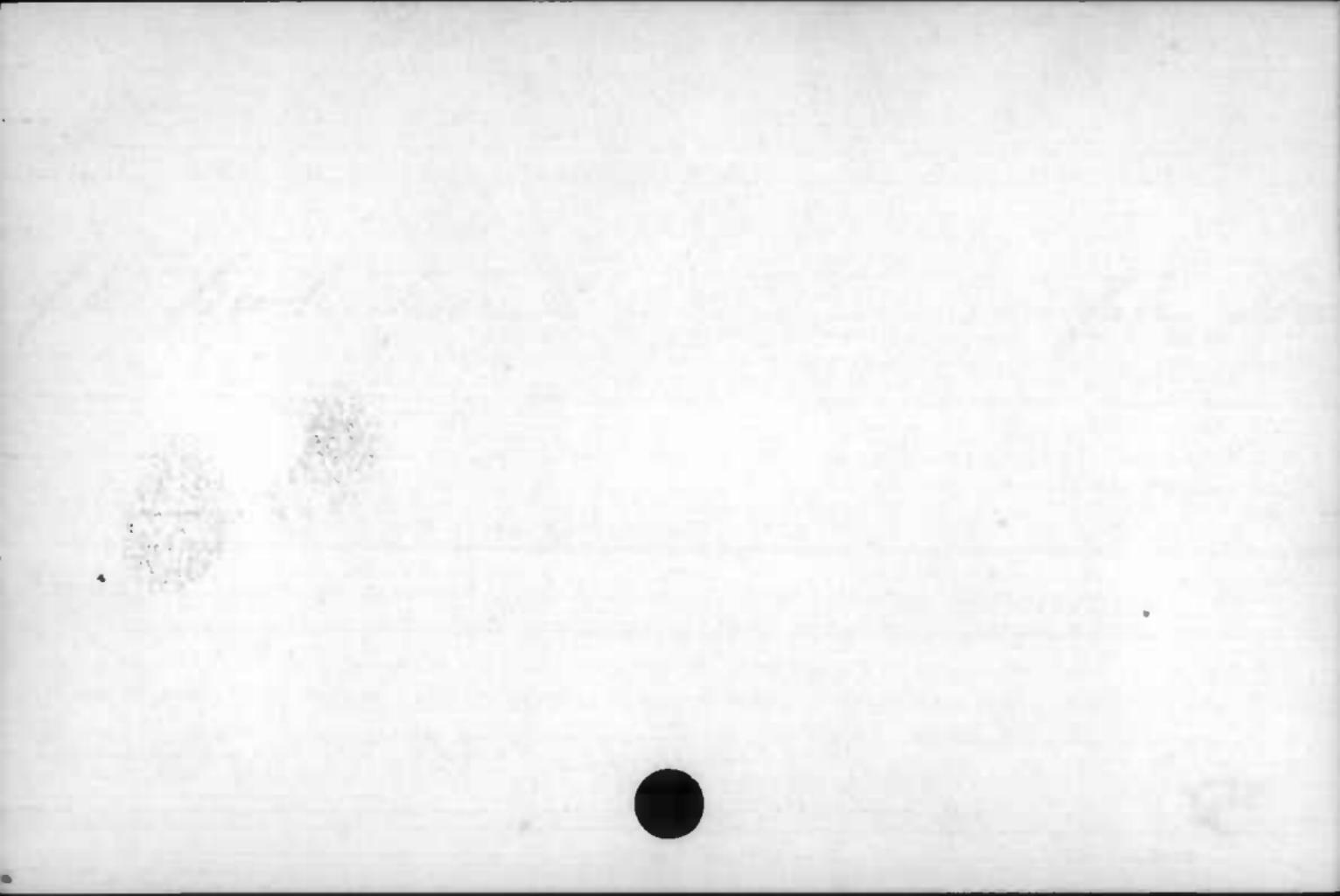
Signature of  
Physician

Address

J. H. C. B. Reservoir

S

Accident or Suicide?



Name  
in  
Full

Ida F. Lohman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Catonsville		County	Baltimore.	
Died at	Month	Day	Years	MARYLAND	
Date of death 190	Feby	14	Age 48	Month	Days
Sex Female	Color or Race white	Birth-place cld			
Occupation Housewife	Where Readied if not at place of death Old Hosp. for Insane				
Married, Single or Widowed Married	Name of Wife or Husband John C. Lohman				
Father's Name David Beard	Father's Birthplace cld				
Mother's Maiden Name Unknown	Mother's Birthplace cld				
Name of person giving Information Husband J.C. Lohman	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Ch. Bright's Disease

120

How long

3 years

Immediate Pulmonary Oedema

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R. Edward Garrett

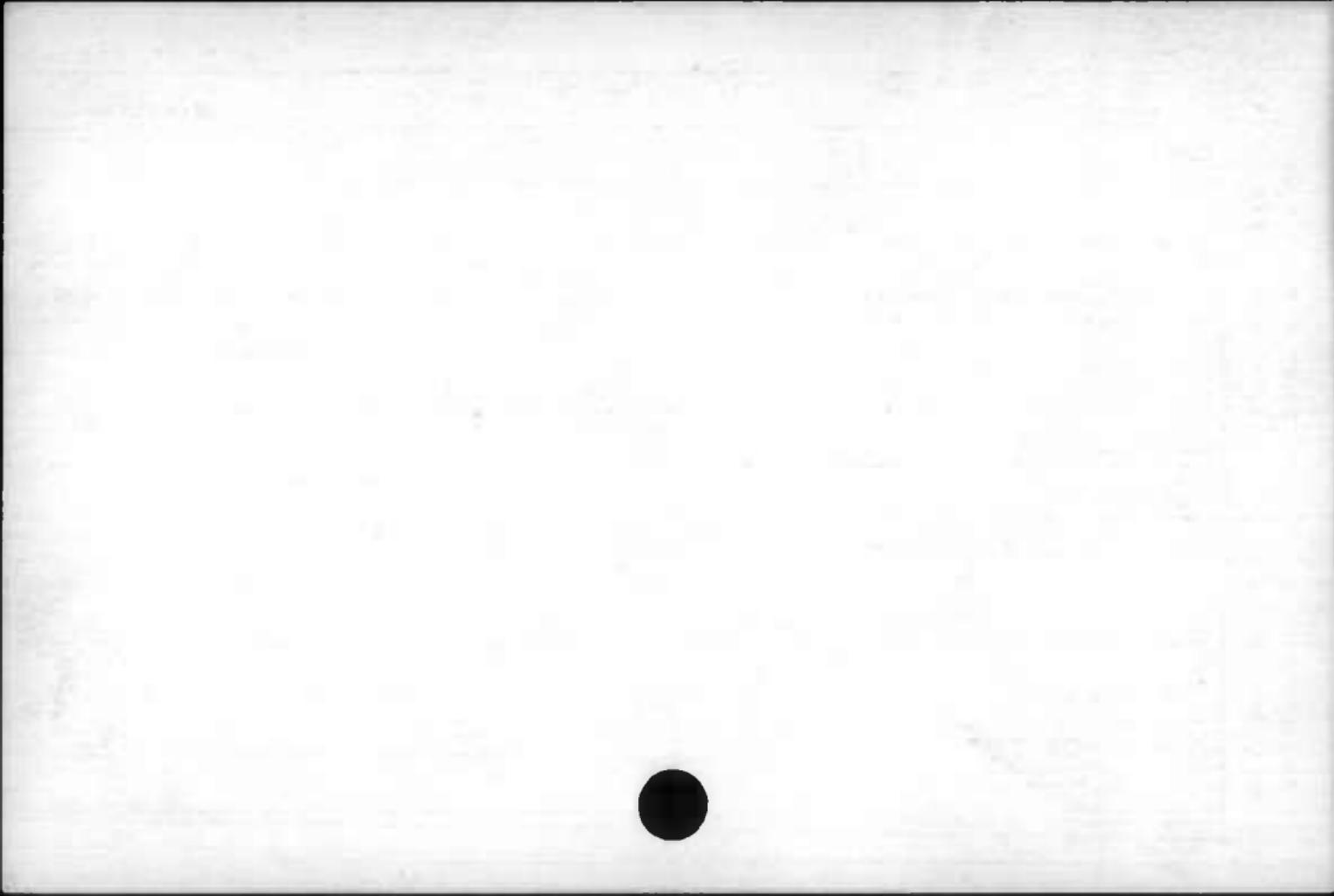
Yes

Address

Old Hosp. for Insane  
Catonsville Md.

X Accident or Suicide

No.



Name  
in  
Full

Julia M. Cornas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
1909	February	21 <sup>st</sup>	23	5 26.
Sex	Female	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Husband, Amos P. M. C. Cornas.	
Father's Name	C. Orren Burton			
Mother's Maiden Name	Rosa Schnarr.			
Name of person giving information	Rosa Burton			

CAUSES OF DEATH

104

Primary	Acute Indigestion.	How long
Immediate	Heart Failure.	About 18 hours.
Are the name, age, sex, color, date and place correctly given above?	yes.	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

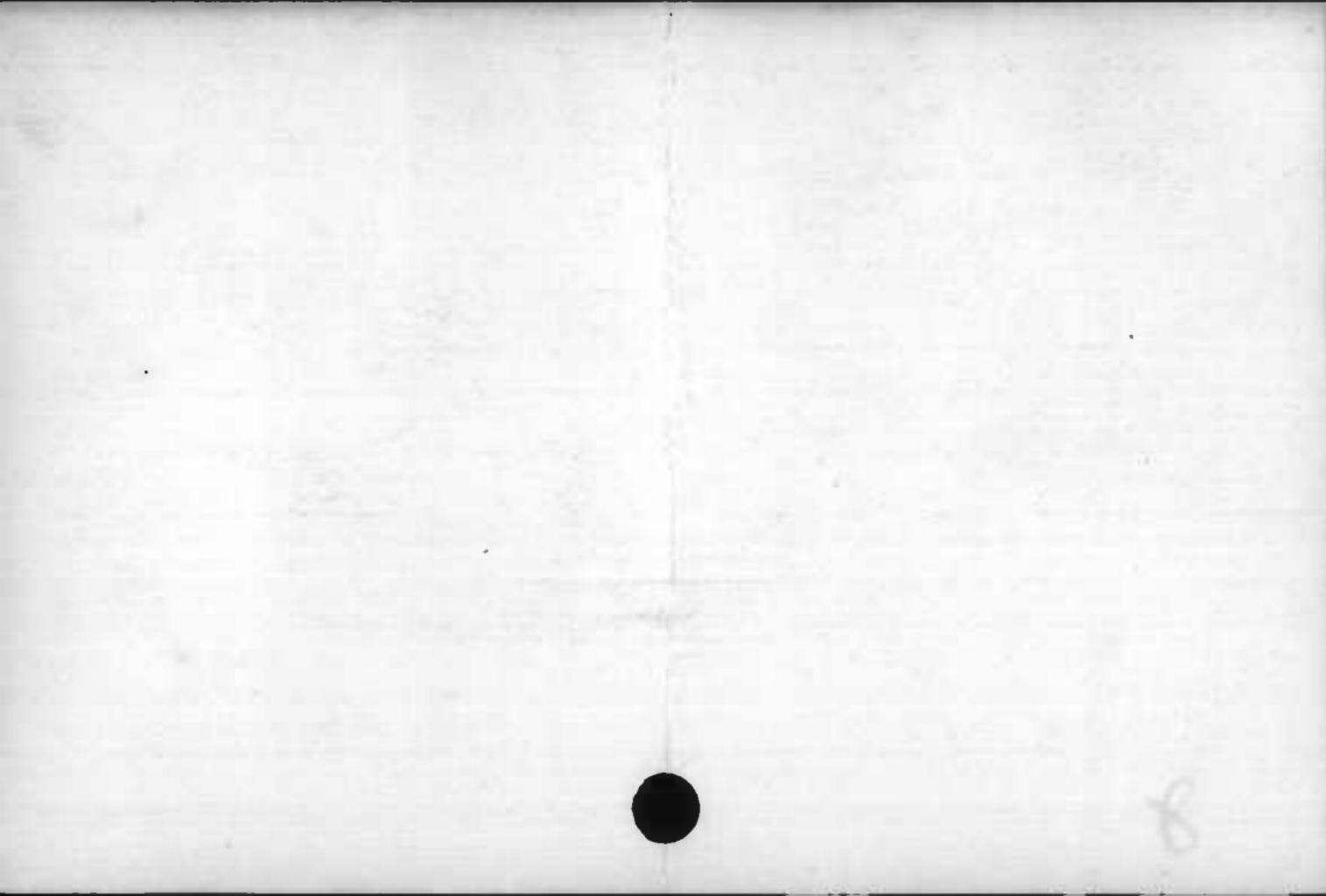
H. J. Harrison.

Loch Raven.

8

Accident or Suicide?

11



Name  
in  
Full

Stillborn of Geo. & Augusta Mack

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Baltimore</u>		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Feb.</u>	Day <u>14</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Baltimore</u>			
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				Father's Name <u>Geo. Mack</u>	Father's Birthplace <u>Baltimore</u>	
Mother's Maiden Name <u>Augusta Witte</u>					Mother's Birthplace <u>Germany</u>	How related to deceased <u>Father</u>	
Name of person giving information <u>Geo. Mack</u>							

CAUSES OF DEATH

176

How long

How long

Primary

Breech - failure to deliver after

Immediate

Convey hood (Midwife)

Are the name, age, sex, color, date and place correctly given above?

Yes —

Signature of Physician

C. V. Avery

Address

Accident or Suicide? —

In other  
Mount Carmel been  
Feb. 15/02.  
H. Sander Jones

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Gustave Clifton Magersuph

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND						
Died at	Eastern Ave Road		Baltimore								
Date of death	1909	Month	2	Day	6	Years	19	Months	6	Days	
Sex	Male	Color or Race	White		Birth-place	Baltimore City					
Occupation						Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband									
Father's Name	William C Magersuph					Father's Birthplace	Baltimore City				
Mother's Maiden Name	Aueda Frank					Mother's Birthplace	Baltimore City				
Name of person giving information	William C Magersuph					How related to deceased	Father				

CAUSES OF DEATH

6

How long

2 weeks

How long

24 hours

Primary

Measles

Immediate

Acute Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jan L. Magersuph

34 Gray

Hightower

Accident or Suicide?

100

St Pauls Inn,  
Hawarden  
Oct. 8. 09

Name  
in  
Full

Ephram Mallonee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			Pikesville	
Married, Single or Widowed	Name of Wife or Husband	Mary E. Mallonee			
Father's Name	Hezekiah Mallonee			Father's Birthplace	Balto. Co.
Mother's Maiden Name	Catura Crofton			Mother's Birthplace	" " "
Name of person giving information	May E. Mallonee			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Endocarditis	
Immediate	Embolism of foot.	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
Is the cause due to embolus caused by badly diseased heart.		Address
Accident or Suicide?	3	

~~Sheet~~  
Person's file.

Name  
in  
Full

Micheal Manning

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County		
Died at	Steubenville, P.O.	Baltimore	MARYLAND
Date of death	Month	Day	Year
1909	2	11	Age 27
Sex	male	Color or Race	white
Occupation	Where Residing if not at place of death		
<del>Married, Single or Widowed</del>	Single	Name of Wife or Husband	—
Father's Name	John Manning		
Mother's Maiden Name	Katherine Manning		
Name of person giving information	James Manning		

CAUSES OF DEATH

Primary: *Phthisis Pulmonalis*  
Immediate: *Exhaustion.*

Are the name, age, sex, color, date  
and place correctly given above?

8

Accident or Suicide

Signature of Physician

Address

Morris Taylor

Pittserville

Md. 3

27

How long

six months

How long

- Harry C. Misdefeld

Name  
in  
Full

Edna Katherine Merriman

Dec 25  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month Feb	Day 3	Years X	Months 7	Days 9
Sex Female	Color or Race White	Birth-place Highlandtown			
Married, Single or Widowed Single	Occupation None				
Name of Wife or Husband					
Father's Name John H. Merriman	Father's Birthplace Baltimore				
Mother's Maiden Name Catherine Steinmetz	Mother's Birthplace Baltimore				
Name of person giving Information John H. Merriman	How related to deceased Father				

CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary

malnutrition

How long

3 months

Immediate

Bronchitis

How long

about 2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John H. Rohberger

Address

# 1709 Alice Avenue  
Baltimore, Md.

Accident or Suicide? —

Allen T. Fuller -

Mt. Carmel Cemetery

Feb. 6/09.

---

Name  
in  
Full

John C. Meyer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	34 2 7
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	45 E Barron St	
Father's Name	John L. Meyer		
Mother's Maiden Name	Marie E. Wimans		
Name of person giving Information	John L. Meyer		

CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary

Falling from motor boat

How long

Immediate

Immediate

Drowning

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

August W. Miller, Coroner  
R.M. Wimans  
Balt. Co. Md. 13

Accident or Suicide?

Accident

E. Schlossman

& Son

Wesbin

Cemetery.

Name  
in  
Full

Henrietta Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			
Died at 2355 5th st	Baldo.			
Date of death 1909 Feb	Month	Day	Years	Months
Age 52				Days
Sex Female	Color or Race	20 white	Birth-place	Germany
Occupation None	Where Residing if not at place of death 2355 5th st			
Married, Single or Widowed Widow	Name of Wife or Husband	Unknown		
Father's Name unknown	Father's Birthplace Germany			
Mother's Maiden Name unknown	Mother's Birthplace Germany			
Name of person giving Information John A Miller	How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chthiris Prolmonalis

27

How long

6 mo

Immediate

Hemorrhage

How long

Immediately

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. S. Warner M.D.  
320 Highland Ave

Accident or Suicide

MS

William Cook  
382 E North Ave  
1st Evangelic Cemetery.

Feb 4, 1809

Name  
in  
Full

Stephen Mohr

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Balto.	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Chas. Mohr					Father's Birthplace
Mother's Maiden Name	Mary Haut					Mother's Birthplace
Name of person giving information	Chas. Mohr					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

Immediate

Exhaustion

10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. W.F. Clayton

J

Address

Owderdon

Accident or Suicide?

Balto., C.S.

14

St. Josephs Cemetery  
T. Passalacqua Sons

Name

In  
Full

Sarah Mullan - St Catherine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	" "
Name of person giving Information	How related to deceased				

1909 Feb 21<sup>st</sup> 75 not known not known Female White Cumberland  
 Retigium-Sister of Charlie Mt Hope Retreat Md.  
 Single not known not known not known not known not known  
 not known not known not known not known not known not known  
 not known not known not known not known not known not known  
 not at all

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis Lumbpligin

66

How long

How long

Immediate

Exhalation

Are the name, age, sex, color, date and place correctly given above?

yes

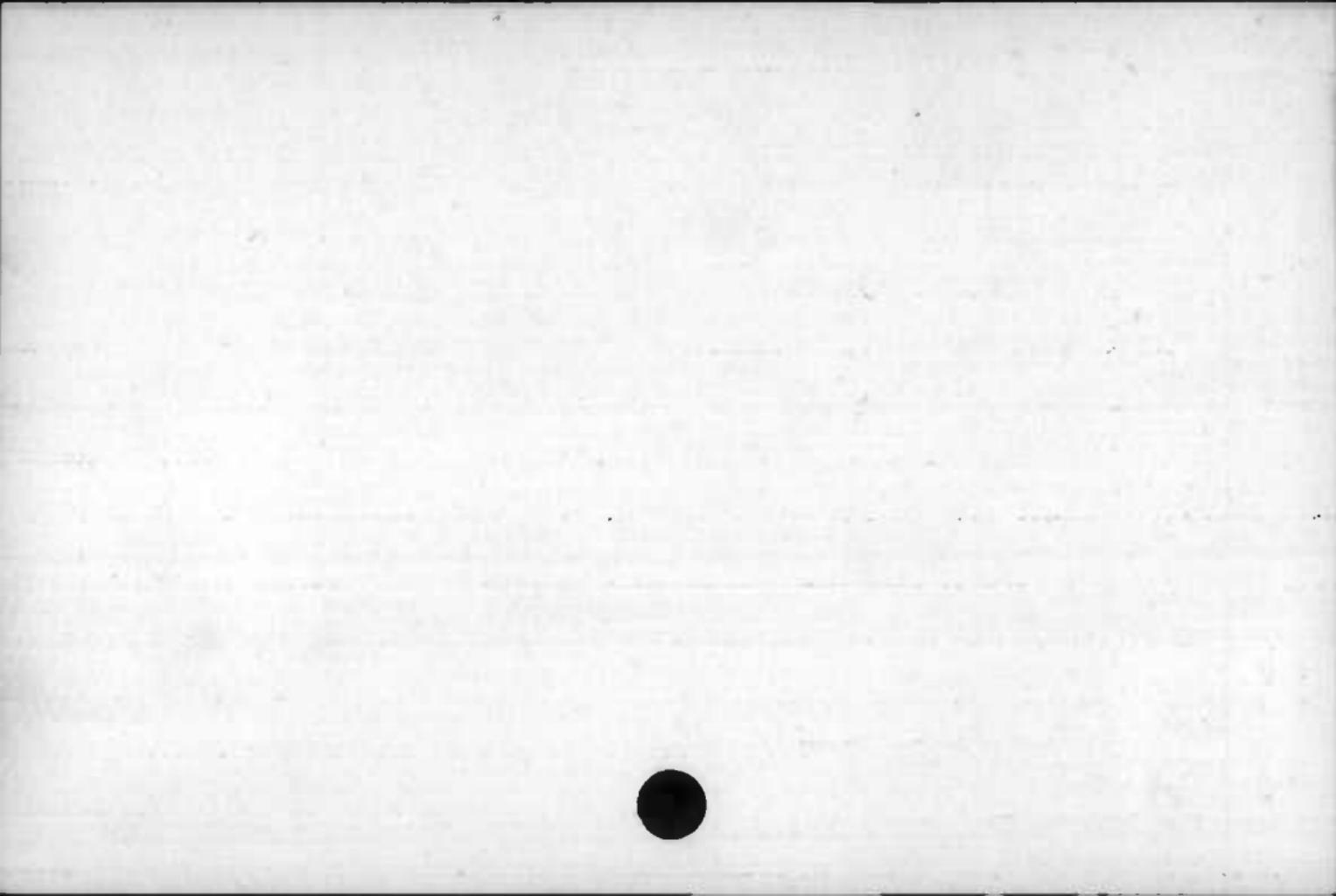
Signature of Physician

Frank Flannery  
Mt Hope Retreat

Address

8

Accident or Suicide?



Name  
in  
Full

Lucy A. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bella Town Baltimore County MARYLAND  
Date of death 1909 Month Feb. Day 22 Years 64 Months 10 Days 10  
Sex Female Color or Race White Birth-place Maryland  
Occupation House Keeper Where Residing if not et place of death Fellows  
Married, Single or Widowed Ingrived Name of Wife or Husband John T Murphy  
Father's Name John Oliver Father's Birthplace Scotland  
Mother's Maiden Name Margaret Oliver Mother's Birthplace Ireland  
Name of person giving information John T Murphy How related to deceased Husband

CAUSES OF DEATH

Primary Diabetes and Pneumonia

50

How long Some months  
the first - 6 days the  
last 4 days

Immediate Toxæmia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

B.J. Byrne

Ellicott City Md

PHYSICIAN  
OR CORONER

Accident or Suicide

8

11 May Cross Cemetery Harford Road

Name  
in  
Full

Mrs Annie M. Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND		
Died at	South Point Road	Baltimore		Month	Day	Years
Date of death	1909	September	9th	Age	60	Months
Sax	F	Color or Race	White	Birth-place	Maryland	
Occupation	Housewife	Where Residing if not at place of death			South Point Road	
Married, Single or Widowed		Name of Wife or Husband	William H. Murray			
Father's Name	John H Harris		Father's Birthplace	Md		
Mother's Maiden Name	Maria Blake		Mother's Birthplace	"		
Name of person giving information	William H Murray		How related to deceased	Son		

CAUSES OF DEATH

120

Primary

Chronic diuretic nephritis

How long

8 years

Immediate

Near & Coma

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Alfred V. Murray M.D.  
Aber-Catonsville, Md.

Accident or Suicide

8

Stewart & Mowen Co

Funeral Directors

215 - Park Av

for interment in

Green Mount Cemetery

February - 11<sup>th</sup> / 09.

Name  
in  
Full

George Edward Meyers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sykesville	Baltimore			
Date of death	Month	Day	Year	Months	Days
1909	2	14	Age 2	19	-
Sex	Male	Color or Race	White	Birth-place	Baltimore Co.
Occupation	None	Where Residing if not et place of death			3505 Eastern Ave.
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Charles Myre		Father's Birthplace	Md	
Mother's Maiden Name	Maggie Buck		Mother's Birthplace	Md	
Name of person giving Information	Charles Myre,		How related to deceased	Father	

## CAUSES OF DEATH

92

Primary

Lobular Omeumonia

How long

2 da

Immediate

Exhaustion

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Dr. L. T. Maxfield  
34 George  
Sykesville MdPHYSICIAN  
OR CORONER

Accident or Suicide

J

110

John Ferny Sloan

Sac Beard Co.

Fel 16/09

Name  
in  
Full

Ellen Stagle

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Baltimore		County	MARYLAND	
Died at	Month	Day	Years	Months	Days
Date of death	1909	Feb	7	Age	73
Sex	Female	Color or Race	White	Birth-place	Unknown
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	not Known		Father's Birthplace	not Known	
Mother's Maiden Name	"	"	Mother's Birthplace	"	"
Name of person giving Information	Reed, Mrs. Stagle				
How related to deceased not at all					

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

mauve chronic

How long

over 19 yrs

Immediate

Ex Cerebral Congestion

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

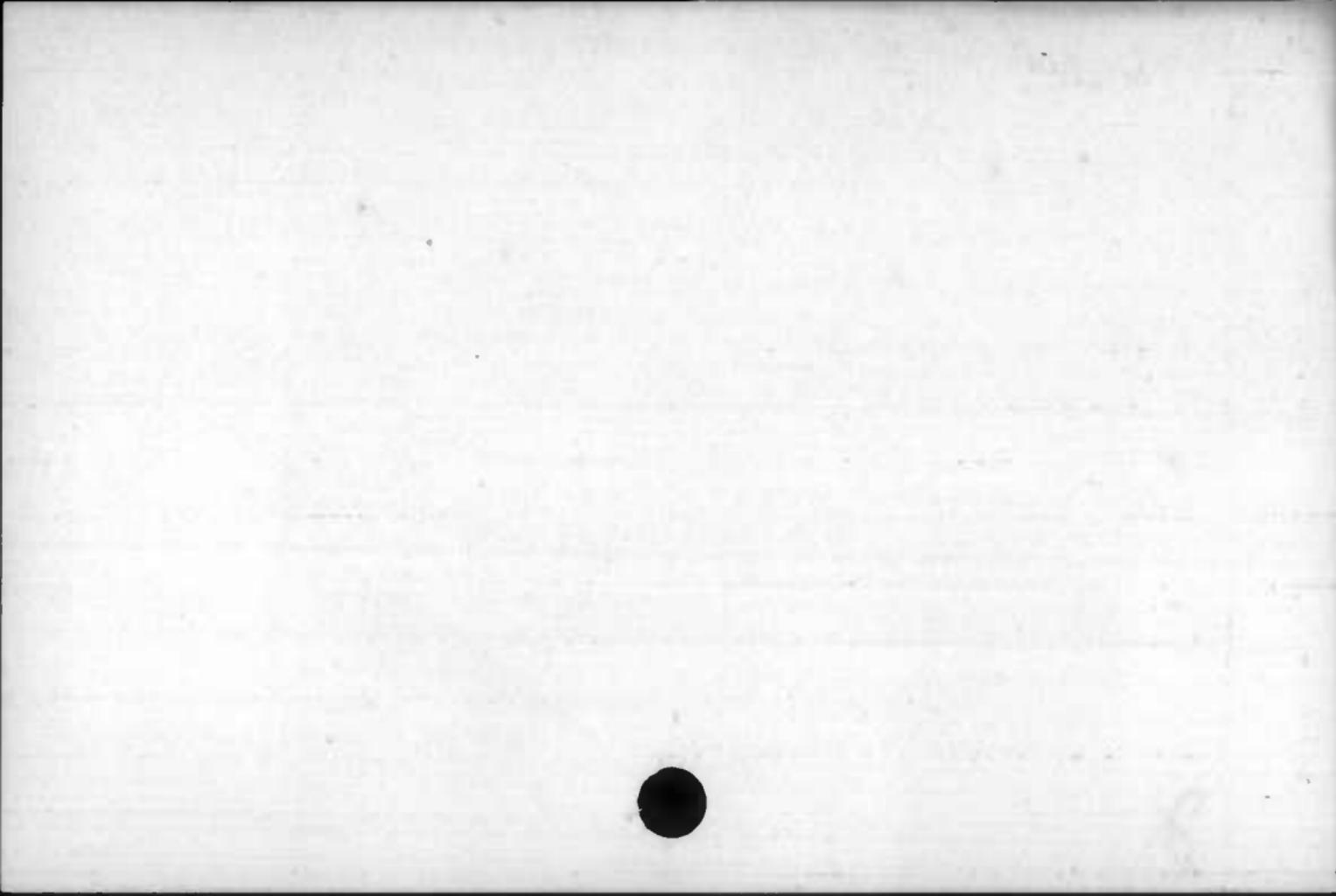
Signature of Physician

Frank J. Flannery

Address

Mo Stagle Retrieval  
Mo Stagle Md.

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	190	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age 58		Birthplace	
Occupation	Hawf.	Where Residing if not at place of death			Baltimore	
Married, Single or Widowed	Married	Name of Wife or Husband	Dr J. B. Morris		Father's Birthplace	Ohio
Father's Name	Nicholas Gardner	Virginia Gardner		Mother's Birthplace	Baltimore	Daughter.
Mother's Maiden Name	Virginia Gardner	Alberta V. Morris		How related to deceased	43	
Name of person giving Information	Alberta V. Morris			How long		

Primary

Causes of Death  
carcinoma of left breast

How long

Immediate

Surgical operation  
General anaesthesia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

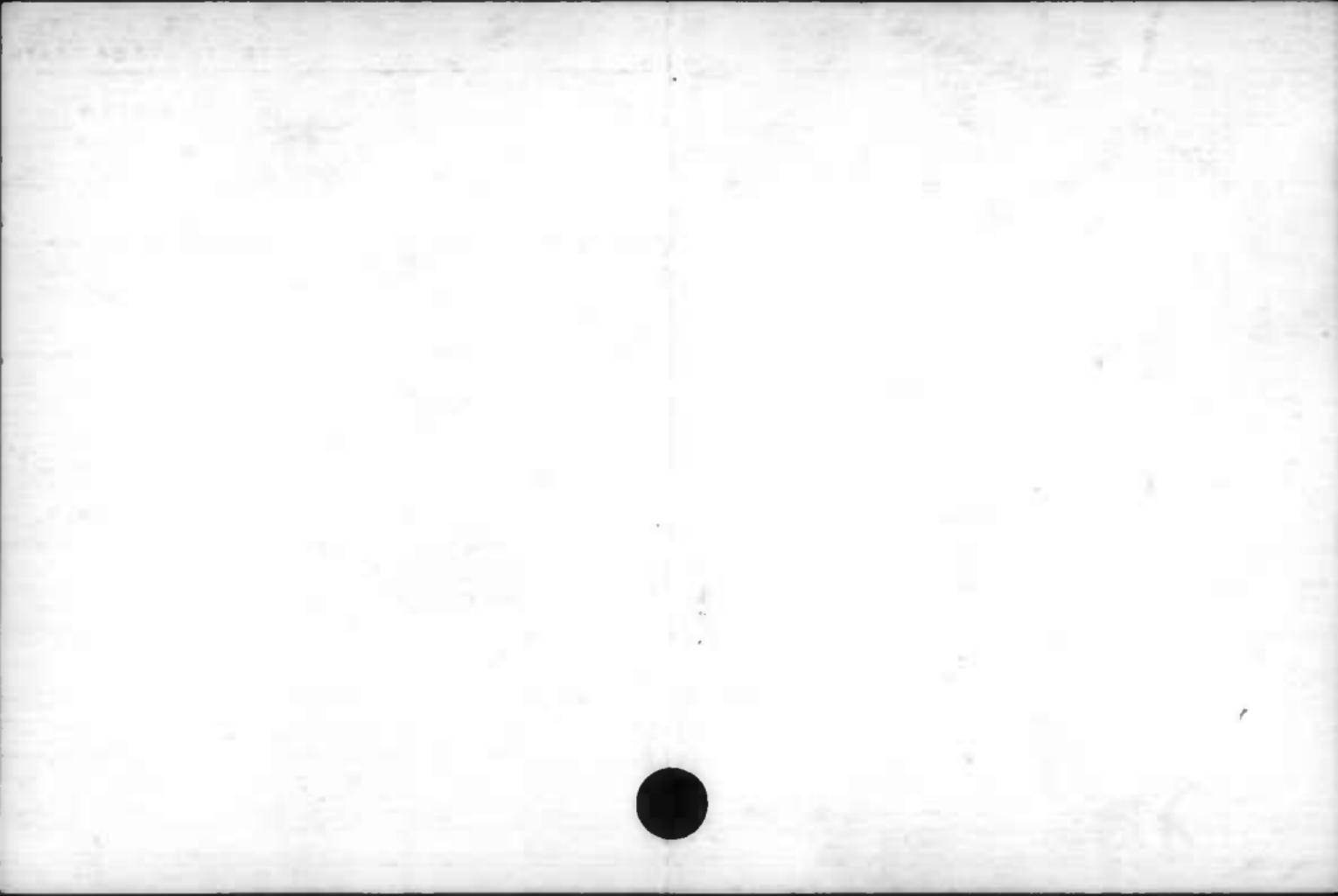
Address

Yes

J. B. Morris M.D.  
Freeland  
Md

PHYSICIAN  
OR CORONER

8  
Accident or Suicide



Name  
in  
Full

John James Boaler Parlett

CERTIFICATE OF DEATH

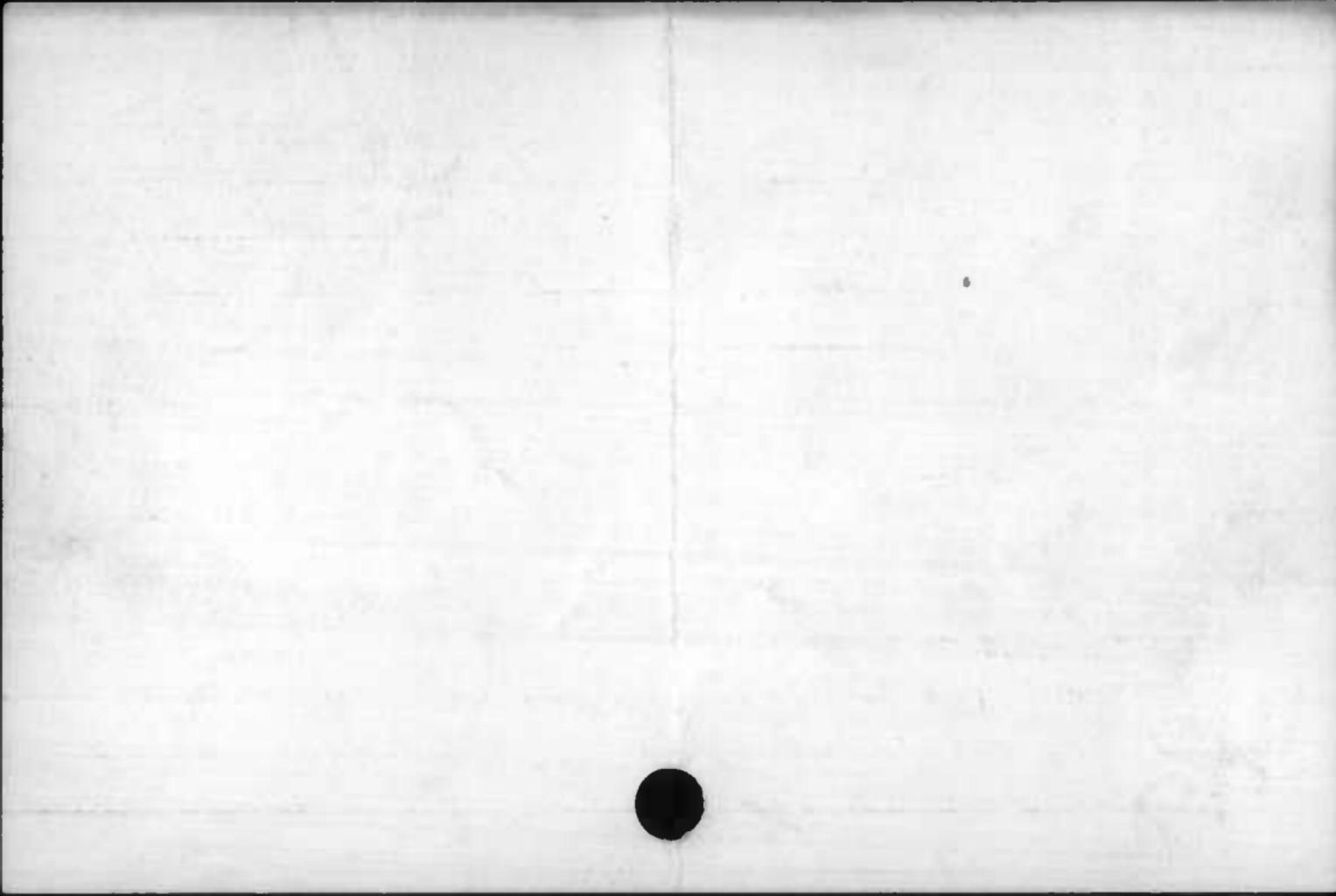
TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Glen Arm	County	Baltimore	MARYLAND
Date of death	1909	Month	24	Day
Age	57	Years		Months
Sex	Male	Color or Race	White	Birth- place
Occupation	Farmer	Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband		
Father's Name	John James Boaler Parlett	Father's Birthplace	Baltimore Md	
Mother's Maiden Name	Elizabeth Bond	Mother's Birthplace	" "	
Name of person giving Information	Margaret Parlett	How related to deceased	Sister	

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long	Several years
Immediate	Organic heart disease (Cirrhosis)	How long	Not known
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John A. Green,
		Address	Sittingbourne, Md.
9			
Accident or Suicide?			



Name  
in  
Full

Frederick F. Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1909	Feb	26	Age 81
Sex	Color or Race	Birth-place	Months
Male	white	Germany	Days
Occupation	Where Reiding if not at place of death	Sweet-air	
Married, Single or Widew	Married	Name of Wife or Husband	Catherine Peters
Father's Name	Not known	Father's Birthplace	Germany
Mother's Maiden Name	Not known	Mother's Birthplace	Germany
Name of person giving Information	Walter Borlce	How related to deceased	Son in law

CAUSES OF DEATH

166

Primary

Run over by train M.P.Q.R.  
on Feb 26-1909- while walking  
on the tracks. Unavoidable

How long

Instantly.

Immediate

How long

Instantly

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

R. C. Massenburg

Address

Towson

J

Yes

Accident or Suicide

Account

Joseph B. Herbert (Coroner)

John Burns - Son

---

Burial at Sweet Air  
Cemetery - 10<sup>th</sup> west

Name  
in  
Full

Lillian Elizabeth Phelps

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	St Helena	Barto.	Months	Days	
Date of death	Month 9 Jul	Day 16	Years 1	Months 2	Days
Sex	Female	Color or Race white	Birth- place St Helena		
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name	Frank Phelps	Father's Birthplace Md.			
Mother's Maiden Name	Alic Beckett	Mother's Birthplace Md.			
Name of person giving Information	Frank Phelps	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Measles, followed by Pneumonia

How long

1 week

Immediate  
Cerebral meningitis

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

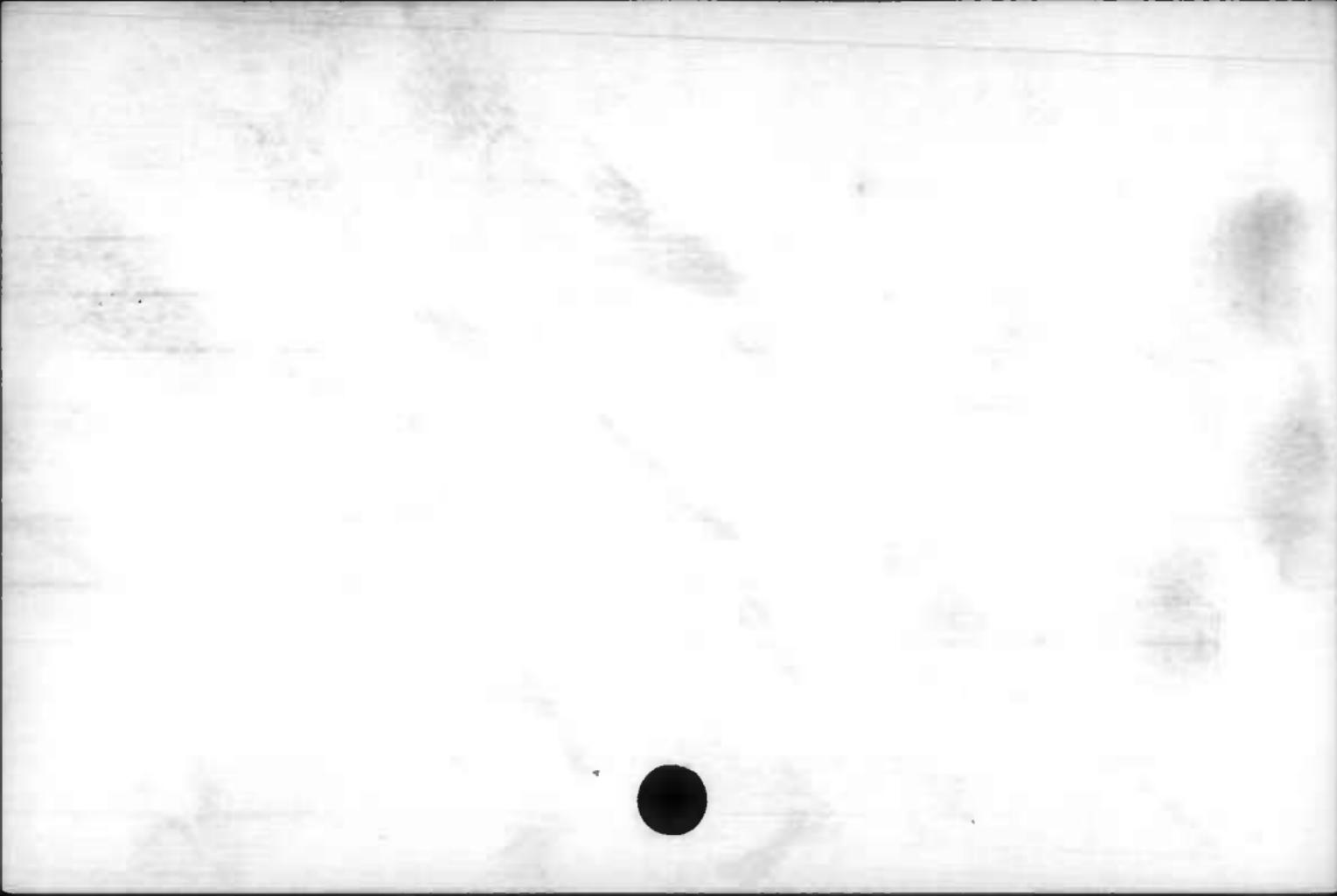
Signature of  
Physician

Address

G. McCormick M.D.

Sparrow Point

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at			County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	July	14	1	2	28
Sex	Female	Color or Race	colored.	Birth-place	Baltimore Co
Occupation	Singer	Where Residing if not at place of death	W. Rockland Park		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Morris Phillips	Father's Birthplace	Baltimore Co.		
Mother's Maiden Name	H. Scott	Mother's Birthplace	Baltimore Co		
Name of person giving information	Morris Phillips	How related to deceased	Father		
CAUSES OF DEATH					
Primary	27				
Immediate	Tuberculosis two years or more				
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Edu. Shastri		
		Address	535 Robert St Baltimore City		
Accident or Suicide?					

St John Church -

As Marshall  
3539 Fall Road

Sept 15-1909

Falls Road. Cross Keys.  
at city-limit

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Jane Poole

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	Balto	County		
Date of death	Month	Day	Years	Months	Days
1909	2	8	65		

Sex	Female	Color or Race	white	Birth-place	Carroll Co
Occupation	Housewife	Where Residing if not at place of death			Woodland Ave Bro

Married, Single or Widowed	widow	Name of Wife or Husband	Don't know
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Father's Name	Aaron Poole
---------------	-------------

Father's Birthplace	Md
---------------------	----

Mother's Maiden Name	Elizabeth Neal
----------------------	----------------

Mother's Birthplace	Md
---------------------	----

Name of person giving information	Margaret Poole
-----------------------------------	----------------

How related to deceased	Sister
-------------------------	--------

CAUSES OF DEATH

Primary

Cancer of stomach

40

How long

How long

Ten years

Immediate

General debility

Two years.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E.A. Dickey M.D.  
14 N. Monroe St.  
Baltimore, Md.

Accident or Suicide

X

Western Ave  
Thursday Feb 11-1909

W<sup>m</sup> C. Cook  
502 E. North Ave  
Undertaker

Name  
in  
Full

John T. Porter

Form 10  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Pot Washington</u>			County <u>Balt.</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>2</u>	Day <u>7</u>	Years	Months	Days	<u>3</u> <u>28</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Age		Birthplace		<u>Dad</u>
Occupation <u>Nurse</u>			Where Residing if not at place of death			
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name <u>James E. Porter</u>	Father's Birthplace <u>Dad</u>					
Mother's Maiden Name <u>Cora Graylor</u>	Mother's Birthplace <u>Mom</u>					
Name of person giving Information <u>James E. Porter</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

93

Primary <u>Pneumonia</u>	How long <u>3 days</u>
Immediate <u>Exhauation</u>	How long <u>24 hours</u>

Are the name, age, sex, color, date and place correctly given above?

J

Signature of Physician

CH Bretem

Address

Pot Washington  
Md

Accident or Suicide?

St Marys Hampden  
Feb 9. 1909

Wm E Chenevert Son  
919 3rd Ave Hampden

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Edu. J. Price

CERTIFICATE OF DEATH

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Birth-place					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace			Ballito Md			
Mother's Maiden Name	Mother's Birthplace			Ballito Md			
Name of person giving information	How related to deceased			daughter			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

1 yr

Immediate

Final failure of vital powers

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

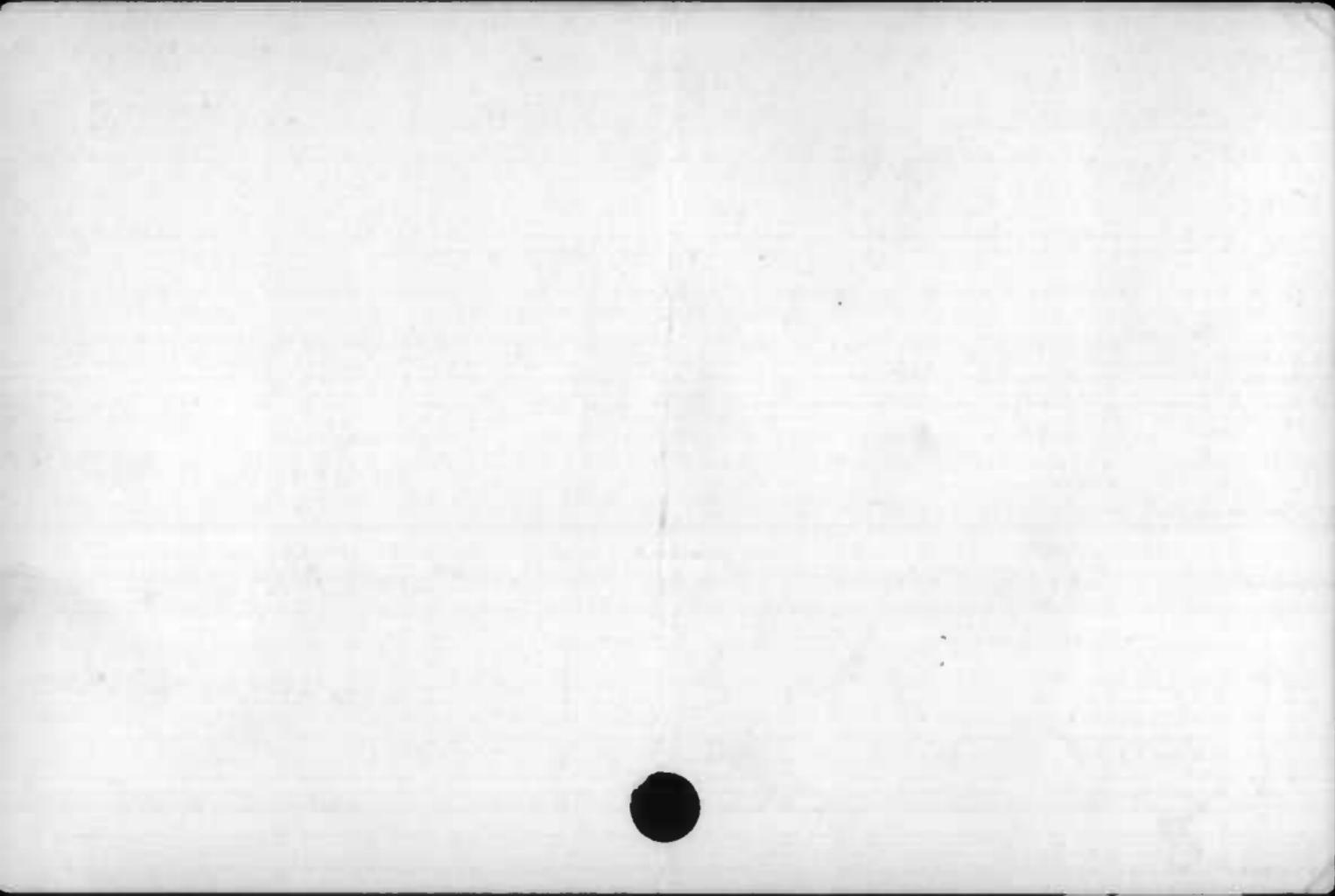
Dise Bensen

Address

Buckysville  
Md

8

Accident or Suicide?



Name  
in  
Full

Mason Rainey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

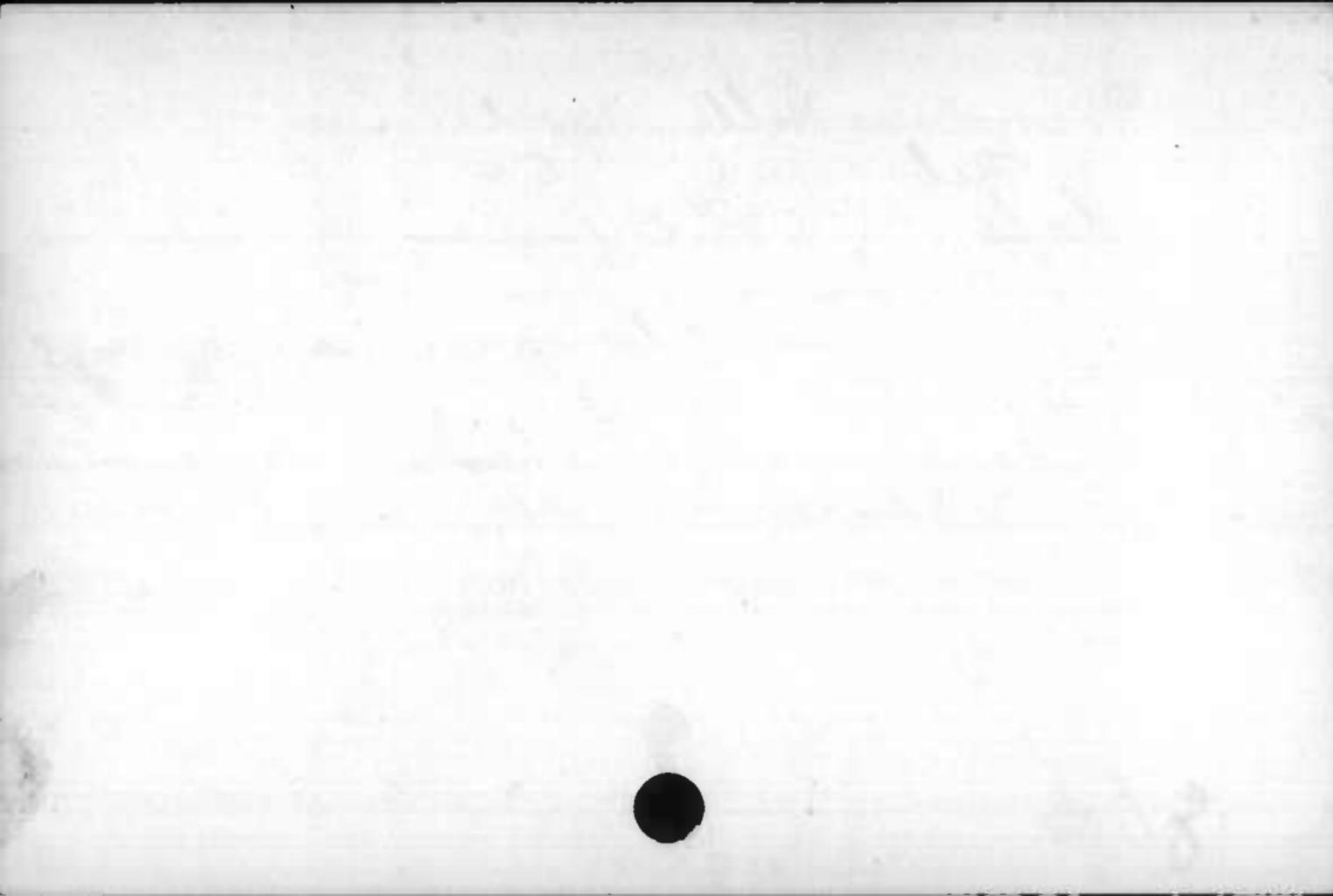
Town	Catoonsville			County	Baltimore	
Died at	Month	Day	Years	Months	Days	
Date of death	1909	July	24 <sup>th</sup>	Age	45-	-
Sex	Male	Color or Race	white	Birth-place	Virginia	
Occupation	Ice Cream Business			Where Residing if not at place of death	Baltimore	
Married, Single or Widowed	Widower	Name of Wife or Husband	Matilda Rainey	Father's Birthplace	Virginia	
Father's Name	Montgomery Rainey			Mother's Birthplace	Virginia	
Mother's Maiden Name	Julia Ma Haney			How related to deceased	Brother-in-law	
Name of person giving information	Geo R Bechart			How long	4 weeks	

CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary	Nervous Prostration	
Immediate	Hypostatic pneumonia	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	A. C. Dunne
	Address	Woodlawn Sta Md.
Accident or Suicide?	X	



Name  
in  
Full

James W. Ramsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Month	Day
	Feb	14	Age 54	8	14
Sex	Hale	Color or Race	White American	Birth-place	North Carolina
Occupation	Merchant				
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not et place of death		
Father's Name	William Ramsey		Father's Birthplace N. Carolina		
Mother's Maiden Name	Margaret Bouchard		Mother's Birthplace N. Carolina		
Name of person giving Information	Alfred Ramsey		How related to deceased Brother		

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

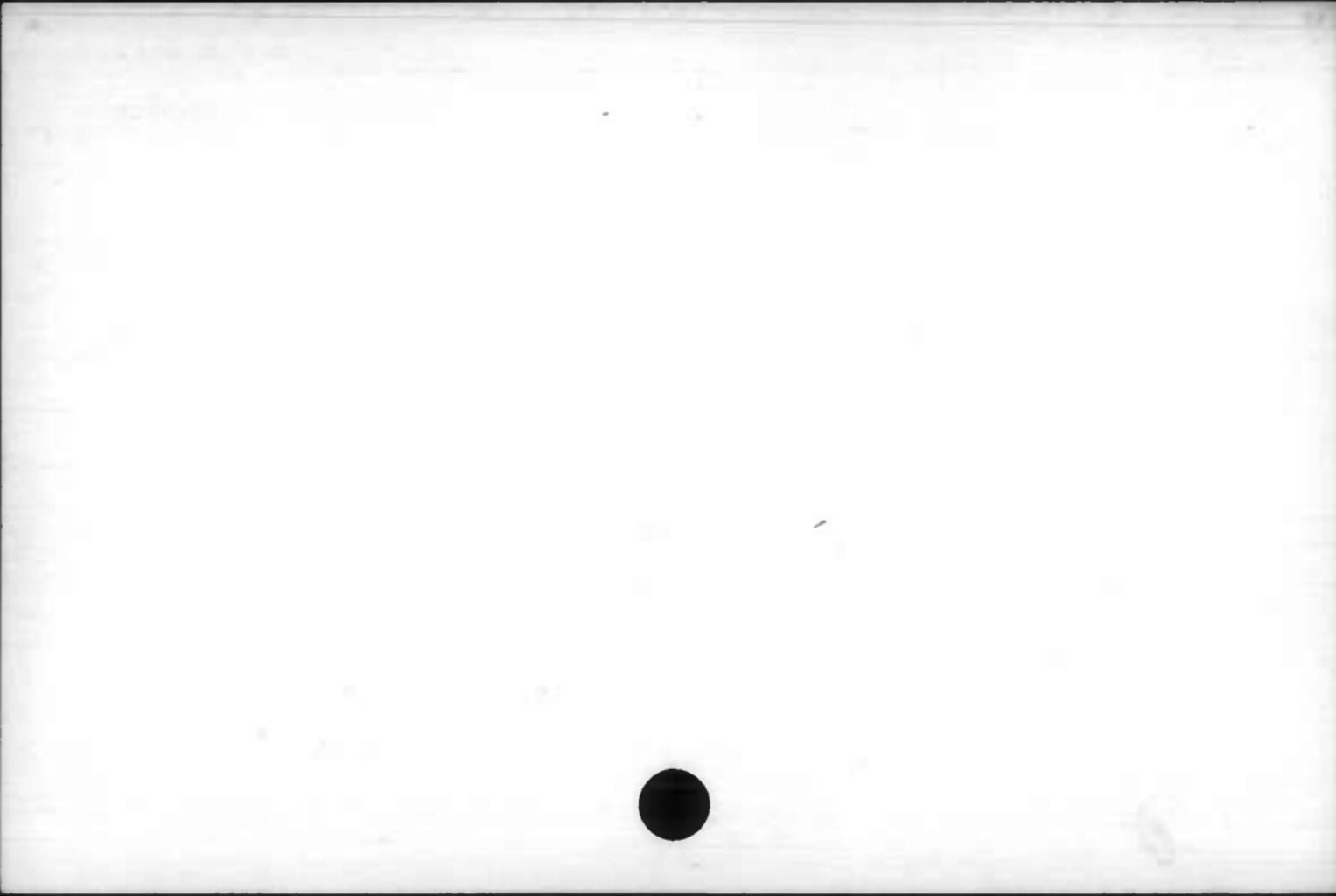
yes

W. P. Flanagan  
647 N. Calleow St

PHYSICIAN  
OR CORONER

Accident or Suicide

Neither



Name  
in  
Full

Antone J. Pitt

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County
Died at Highlandtown	Baltimore.
Date of death 1909 Feb 5 <sup>th</sup>	Age 34 Years
Month	Days
Sex Male	Color or Race White
Occupation Harness Maker	Birth-place Germany
Married, Single or Widowed Married	Where Residing if not place of death 338. Clinton St
Name of Wife or Husband Rosa Roth	Father's Birthplace Germany
Father's Name Joseph Pitt	Mother's Birthplace Germany
Mother's Maiden Name Don't Know	How related to deceased wife
Name of person giving Information Rosa Pitt	

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

22 day

Immediate

Asphyxia

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

A.S. Warner M.D.  
320 Highland Ave

8

Accident or Suicide?

No

Sacred Heart Cemetery  
Feb 8<sup>n</sup> 09

Lilly and Geiler  
undertakers

Name  
in  
Full

Elijah Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County	MARYLAND			
Died at	Baltimore				
Date of death	Month	Day	Years	Months	Days
190	Feb.	14	34		
Sex	Female	Color or Race	Negro	Birth-place	Va.
Occupation	Housewife	Where Residing if not at place of death	Rufus Robinson	Father's Birthplace	Va.
Married, Single or Widowed	Name of Wife or Husband	Edmund Jennings	Mother's Birthplace	Va.	
Father's Name	Lily Fields	Rufus Robinson	How related to deceased	Husband	
Mother's Maiden Name			(93)		
Name of person giving Information			How long	1 week	
			How long	1 day	

CAUSES OF DEATH

Primary

Lobar Pneumonia

Immediate

Ex Sanguine

Are the name, age, sex, color, date  
and place correctly given above?

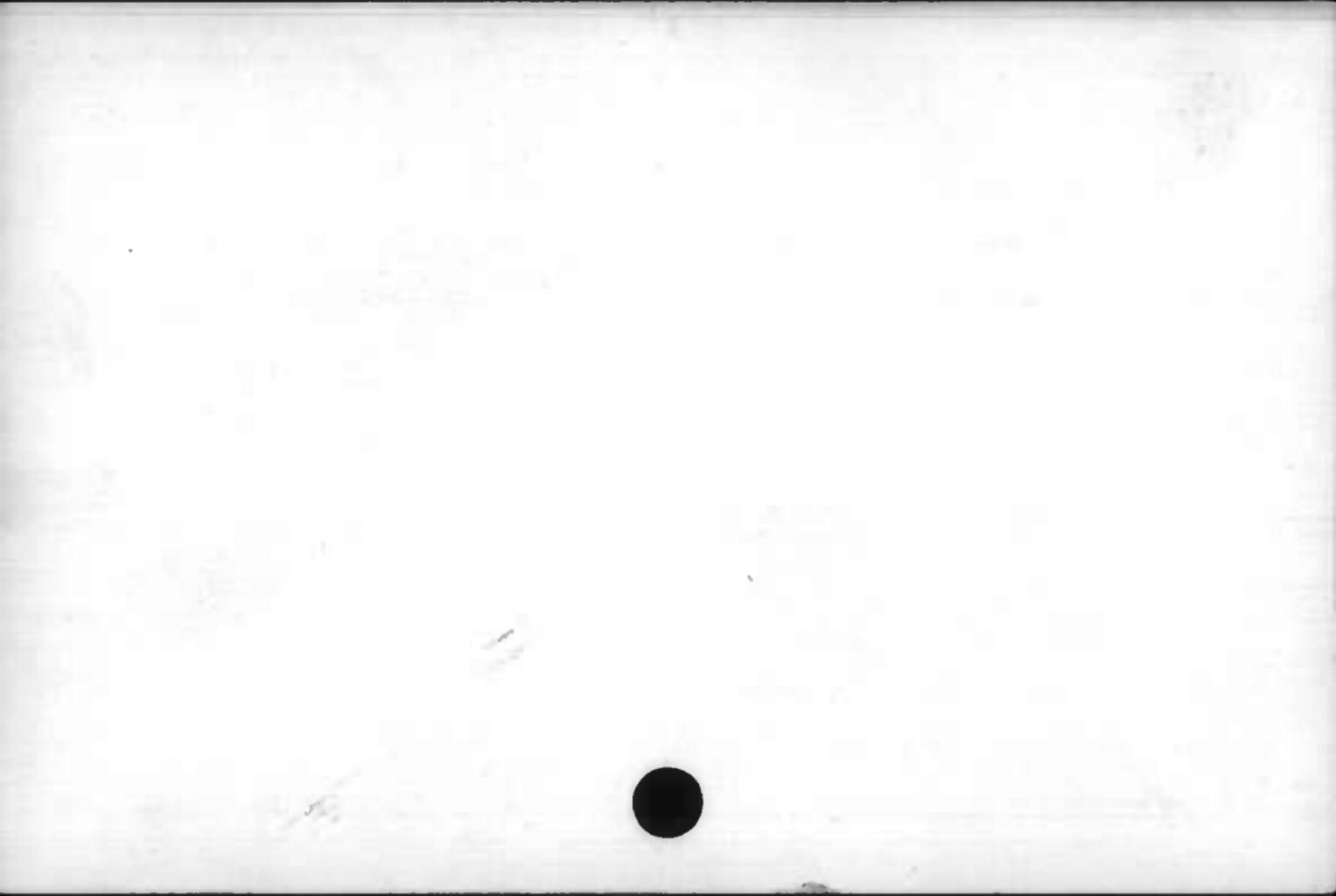
8

Accident or Suicide

Signature of Physician

Address

F. G. Eldred M.D.  
Spencer Hospital  
Md.



Name  
in  
Full

Richard Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			—	
Married, Single <del>or Widower</del>	Name of Wife or Husband			—	
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Kick in Abdomen by Horse

How long

Immediate

Shock, Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

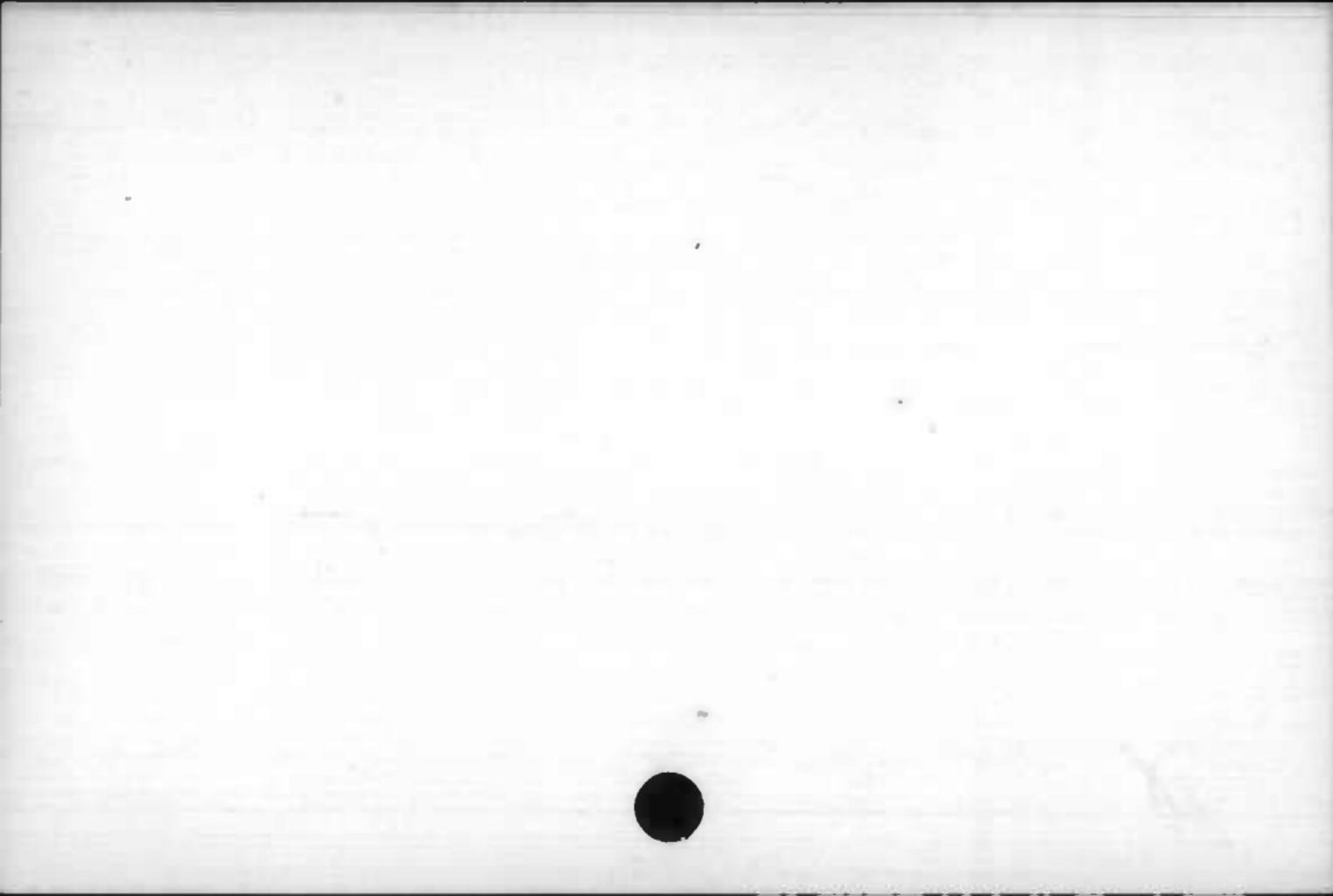
*g*

Signature of Physician

Address

J. Ross Payne  
Corbett  
Md

Accident or Suicide?



Name  
in  
Full

Alice E Ruby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1909	Month Feb.	Day 4th	Years Age 75	Months —	Days Six
Sex Female	Color or Race White	Occupation Housewife	Maryland		
Married, Single or Widowed					
Name of Wife or Husband	Wm H. Ruby				
Father's Name	William Whitter				
Mother's Maiden Name	Sarah A Randall				
Name of person giving information	A. H. Garrett				
CAUSES OF DEATH					
Primary	Heart and Kidney Disease				
Immediate	Garrett				
Are the name, age, sex, color, date and place correctly given above?	Yes				
	Signature of Physician				
	Address				
Accident or Suicide?	D. H. Garrett Towson				

Henry W. Mears & Son

Greenmount Cemetery

Name  
in  
Full

Tillinda Cooper Scarborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Powers	13 autumn			
Date of death	1909	Month	Age	Month	Days
	2	11	83	8	-
Sex	Female	Color or Race	White	Birth-place	Hanford Co
Occupation	None	Where Residing if not at place of death Powers			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Samuel Scarborough				
Mother's Maiden Name	Lititia Warner				
Name of person giving Information	Harold Scarborough				

CAUSES OF DEATH

154

How long

24 hours.

How long

Suddenly

PHYSICIAN  
OR CORONER

Primary

Infirmities of age

Immediate

Cardiac weakness

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R.C. Massenburg

Address

Powers

Yes

Accident or Suicide

John Burns

Friends Burial Grounds

Broadcrick

Harford Co

Name  
in  
Full

Franklin Schaller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 3402 Hudson St		County Balto		MARYLAND	
Date of death 1909	Month Feb	Day 3rd	Years —	Months 10	Days —
Sex Male	Color or Race White	Birth-place Balt Co			
Occupation —	Where Residing if not at place of death 3402 Hudson St				
Married, Single or Widowed —	Name of Wife or Husband —				
Father's Name Frederick Schaller	Father's Birthplace Germany				
Mother's Maiden Name Mary Keil	Mother's Birthplace Baltimore				
Name of person giving Information Father	How related to deceased Father				

## CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

Primary

Measles

How long

10 days

Immediate

Bronch Pneumonia

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. L. Bullock M.D.

Address

3042 Hudson St

J

Accident or Suicide?

Jas

John C. Schuh & Son

Date of burial Feb 5<sup>th</sup> 09

Trinity cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Louisa Schenning						CERTIFICATE OF DEATH	
Died at	Town	County					
Highlandtown		Balto.					
Date of death	Month	Day	Years	Age	Months	Days	
1909	Feb.	14	33	33	5		
Sex	Female	Color or Race	White				
Occupation	Housewife						
Married, Single or Widowed	Married		Name of Wife or Husband	William Schenning			
Father's Name	John Fertig		Germany				
Mother's Maiden Name	Eva Gleis		Germany				
Name of person giving Information	Jm. Schenning		Husband				

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

Was attacked

Immediate

Exhaustion

How long two days  
by self

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Albertus Catto  
1828 E. Balt. St

Baltimore

Accident or Suicide

No

Most Holly Redmer Ceney

Feb, 17, 1909

John A Moran

Name  
in  
Full

Elizabeth Schier  
Kneiphof

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	232 S. 3 <sup>rd</sup> St.			
Father's Name	Late Frederick Schier				
Mother's Maiden Name	Germany				
Name of person giving Information	Daughter				

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	few days
Immediate	congestive. Sings	How long	for a day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E.W. James M.D.
		Address	3502 Bank St.
Accident or Suicide?			

A. Fink & Son

Undertakers

Cedar Hill Cemetery

Funeral Friday March  
5<sup>th</sup> / 1909

Name  
in  
Full

Adam Schmidt

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Balto	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Balto
Occupation	Stock clerk	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Schmidt	3421 E. Balto	
Father's Name	Unknown	Father's Birthplace			
Mother's Maiden Name	Unknown	Mother's Birthplace			
Name of person giving Information	Geo. E. Schmidt	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

17 days

Immediate

Exhaustion

Signature of Physician

Address

J. Warner

320 Highland Av

8

yes

Accident or Suicide?

no

Londen Park kenn,  
Herrwig Son  
15/10/9

Name  
in  
Full

Infant of Oliver & Mollie Schuman CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Highlandtown

County Belts

MARYLAND

Date of death 1909 Month Feb. Day 19 Age Still Birth Month Birth Days

Sax Male

Color or Race

white

Birth-place

Baltimore Co.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Singl

Name of Wife or  
Husband

Father's Name

Oliver H. Schuman

Father's Birthplace

Germany

Mother's Maiden Name

Mollie Weisner

Mother's Birthplace

Baltimore

Name of person giving  
Information

Oliver H. Schuman

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Still Birth. —

How long

—

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

Address

Dr. William J. Mulligan M.D.,  
619 S. Clinton St. —

Accident or Suicide

H. Sanders & Sons

Baltimore Cem.

Feb. 20 /09.

Name  
in  
Full

Frederick Adams Selway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town-	County	MARYLAND		
1909	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	at place of death.			
Father's Name	Widowed Nancy Selway.				
Mother's Maiden Name	Unknown.				
Name of person giving Information	Ellen A. James. Half sister				

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

Stroke of paralysis

How long

9 days

Immediate

of heart attack

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Reedland

Address

Mt. Williams

J

Accident or Suicide?

mel. 13

Nicholas Link

Baltimore

Cemetery

Name  
in  
Full

Wm St Severe

Born July 9  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place	7 Balt. Co. Md.	
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
Mother's Maiden Name	Maggie Abbott	Maggie Abbott	Mother's Birthplace		
Name of person giving information	Maggie Severe	How related to deceased	93		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Oxygenuria

How long  
10 days

Immediate  
Exsanguination

How long  
3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank W. Ruhel  
Lansdowne Md

Accident or Suicide?

13

Wm C. W.  
Webb's Jewelr.

Name  
in  
Full

John Henry Slembaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Month	Days
1909	Feb.	24	65+	8	8
Sex	Male	Color or Race	White	Birth-place	Balto. City, Md
Occupation	Stone-mason	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Slembaker	Father's Birthplace			
Mother's Maiden Name	unknown.	Mother's Birthplace			
Name of person giving information	John H. Slembaker	How related to deceased			
CAUSES OF DEATH					
Primary	Paralysis				
Immediate	Cardiac asthma				
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address	
				Dr. Josiah S. Bowens	
				Mt. Washington, Md	
Accident or Suicide				3	

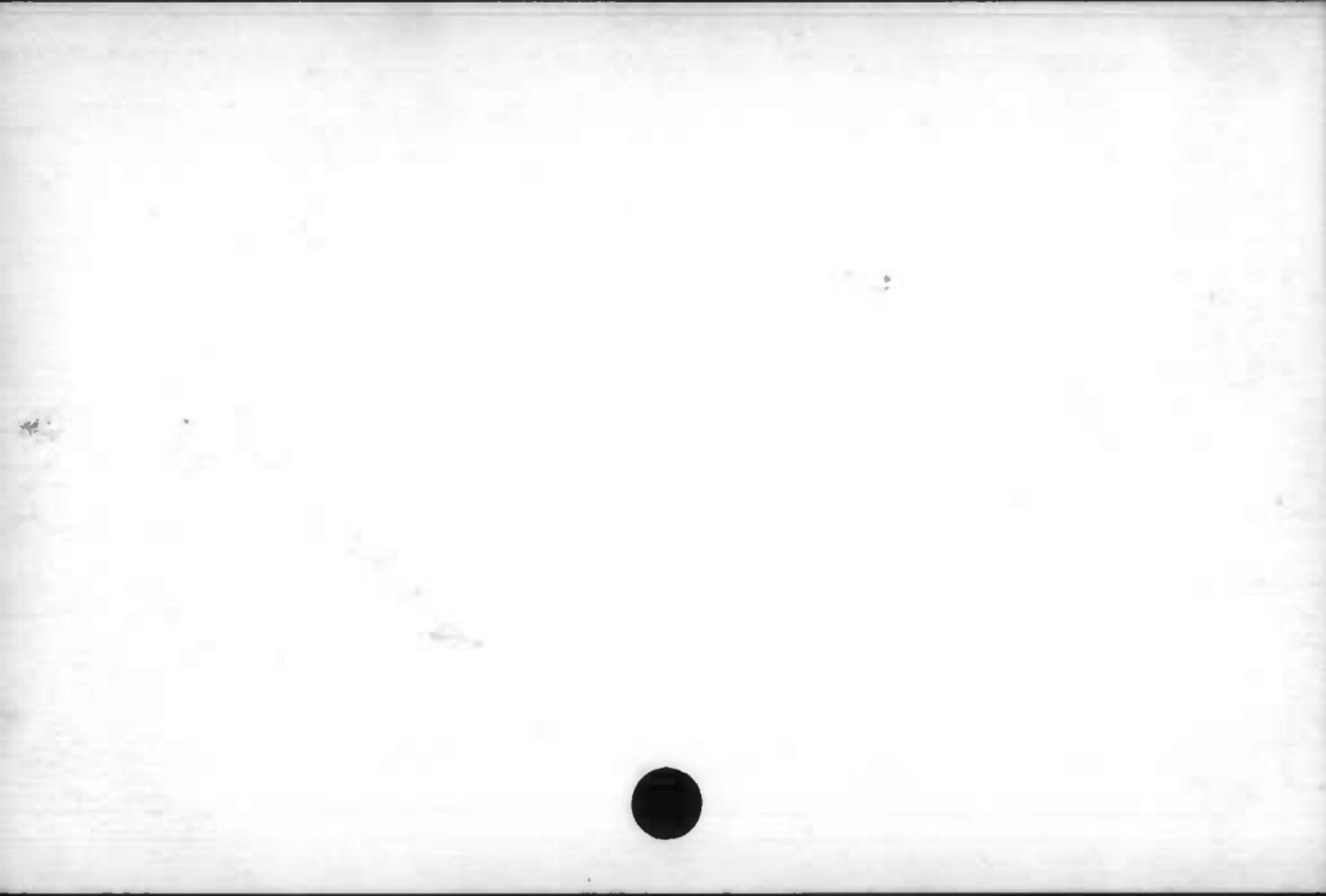
66

How long

19 months

How long

1 week



Name  
in  
Full

Miss Harriet J. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County			MARYLAND		
Died at Gooeans	Month Feb	Day 1	Age 78	Years	Month	Days
Date of death 1909					-	-
Sex Female	Color or Race white	Birth-place Virginia				
Occupation Housekeeper	Where Residing if not at place of death Gooeans					
Married, Single or Widowed	Name of Wif's or Husband —					
Father's Name Thomas Smith	Father's Birthplace England					
Mother's Maiden Name Mary Dean	Mother's Birthplace Virginia					
Name of person giving Information Miss Elizabeth W. Smith	How related to deceased Sister					

CAUSES OF DEATH

93

Primary

Pneumonia.

How long

4 days

Immediate

Exhaustion.

How long

Suddenly.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. H. Stocking  
1600 St. Paul Street  
Baltimore  
Md.

Accident or Suicide

Stewart & Town Co  
Funeral Directors  
215 Park Av  
for interment in  
Greenmount Cemetery  
Feb. 2 - 109.

Name  
in  
Full

Mrs Janet G. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Baltimore			County	
Died at	Towson	Month	1909	Year	MARYLAND
Date of death	2	Day	7	Age	58
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Wife			Where Residing if not et place of death	St. E. P. Hospital
Married, Single or Widowed	widow	Name of Wife or Husband	X	Father's Birthplace	Virginia
Father's Name	Thomas Goodwin			Mother's Birthplace	Maryland
Mother's Maiden Name	Ellen Ayres			How related to deceased	none
Name of person giving Information	Dr. E. A. Brush			How long	Since Augt 1908

CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary Melancholia  
Immediate Hung herself to door of  
bedroom

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

R. C. Massenburg

Address

Accident or Suicide

Suicide

Joseph B. Herbert Coroner

H N Jenkins & Son Co  
Notify you the day of funeral  
& Cenitry

to 151 De La Fayette Ave

Name  
in  
Full

Maria Louise Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at McDoough Baltimore County MARYLAND  
Town Month Day Month Day  
Date of death 1909 Feb. 10 Age 71 4 12  
Sex Female Color or Race White Birth-place Virginia  
Occupation None Where Residing if not at place of death Baltimore Md.

Married, Single or Widowed Widowed Name of Wife or Husband John Ballard Smith

Father's Name Edward A. Ronzic Father's Birthplace Virginia

Mother's Maiden Name Maria Louise Pleasanton Mother's Birthplace Virginia

Name of person giving Information Jessie Bay Smith How related to deceased Daughter, in law

CAUSES OF DEATH

104

How long

Primary

Acute Indigestion

8 hours

Immediate

Paralysis

Left arm,

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E.A. Jones M.D.  
Arlington Va.

PHYSICIAN  
OR CORONER

Accident or Suicide X

E Madison Mitchell  
1201 W Fayette st  
To Staunton Va

Name  
in  
Full

Susan Smith  
Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months
Sex	Color or Race	Age	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Georgia
Father's Name	Robert L. Smith	Mother's Birthplace	Hanford Co., Me.
Mother's Maiden Name	Priscilla Harris	How related to deceased	Brother
Name of person giving information	Charles Smith	27	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis		2 years
Immediate	Hemorrhage & Exsanguination		2 mo
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. H. Hockings
		Address	Sta. H. Baltimore York Rd. Branch.
Accident or Suicide?			

Gao H. Holland  
1128 Argyle Ave.  
Balto. City

Zion Cemetery  
Gorentown

Dream Smith  
Schwartz Ave.  
Gowans

Name  
in  
Full

Aaron J. Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Raspeburg Town Baldo County  
Date of death 1909 Month 2 Day 28 Years 56 Month 3 Day 1  
Sex Male Color or Race White Birthplace Pa  
Occupation Tinner Where Residing if not at place of death Raspeburg Ind  
Married, Single or Widowed Widowed Name of Wife Rachel A. Snyder  
Father's Name Adam Snyder Father's Birthplace Pa.  
Mother's Maiden Name Sofia Gilbert Mother's Birthplace Pa.  
Name of person giving Information Rachel A. Snyder How related to deceased wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Indigestion

104

How long

2 hours

Immediate Cardiac Failure

How long

Sudden termination

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. L. Wilkinson  
Raspeburg, Md.

X

Accident or Suicide

Neither

14

Camp Hill Cemetery,  
Cumberland Co Pa

Name  
in  
Full

John Stanley (Colored)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County			MARYLAND		
Died Near Lutherville	Baltimore					
Date of death 1909	Month 2	Day 17	Age 45	Years	Months	Days
Sex Male	Color or Race Colored	Birth-place Maryland				
Occupation Laborer	Where Residing if not at place of death Dawson					
Married, Single or Widowed Married	Name of Wife or Husband Sula Stanley	Father's Name John Stanley	Father's Birthplace Maryland			
Mother's Maiden Name Mary Storchs		Mother's Birthplace Maryland	How related to deceased Son			
Name of person giving Information Charles Jones						
CAUSES OF DEATH						
Primary	Accident, killed instantly					
Immediate	by falling tree					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician R. B. Massenburg			
			Address			
J	Yes					
Accident or Suicide	accident	Joseph B. Herbert, Coroner				

166

How long

Instantly

How long



Robert A. Elliott

---

Sandy Bottom Tavern

Name  
in  
Full

Mary A. Stant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Sparrans Pt.	Balto.				
Date of death	Month	Day	Years	Months	Days
1909	2	1	30	2	
Sex	Female	Color or Race	White	Birth-place	Ireland
Occupation	Housewife				
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	John Stant	Father's Birthplace	Ireland
Father's Name	Philip O'Connor				
Mother's Maiden Name	Johannah O'connor				
Name of person giving Information	Miss O'Connor				
CAUSES OF DEATH					
Primary	Pregnancy -				
Immediate	Terriious Vomiting				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
J			Address		
Accident or Suicide?			Wardwood Md.		

134

How long

How long

PHYSICIAN  
OR CORONER

Edu Schoder

R. Market

Int Olietl Ben

SM Benon Michael

Brick & slate grave

Sat in line with other  
children of Joscha

BYO 7:35

Dr. Ashbaugh

Trogl

Rev. Mr. Walter Patterson  
3rd Reformed <sup>Conf.</sup> Congregational

Name  
in  
Full

Mary E. S. Strayer

Born Oct 11  
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Feb.	2	—	3	22
Sex	Female	Color or Race	white	Birth-place	Md.
Occupation	Infant	Where Residing if not at place of death		Lansdowne	
Married, Single or Widowed	Single	Name of Wife or Husband	—	Father's Birthplace	Md.
Father's Name	Harry Strayer			Mother's Birthplace	Md.
Mother's Maiden Name	Chela May Eicholtz			How related to deceased	Father
Name of person giving information	Harry Strayer			8	How long

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough & Pneumonia	
Immediate	Exhaustion from Coughing spell	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
8	Dr. Boyce & Son Lansdowne Md.	
Incident or Suicide?	No.	

John Burns Sons

Townson

Long Green Wilson  
cemetery.

Name  
in  
Full

Edward Calvin Taylor Swift.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Owleys	Baltimore			
Date of death	Month	Day	Years	Months	Days
1909	Feby.	19	Age 21	4	8
Sex	male	Color or Race	white	Birth-place	Maryland
Occupation	clerk	Where Residing if not at place of death	Owleys		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	John E. Swift		Father's Birthplace	Maryland	
Mother's Maiden Name	Hattie Hale		Mother's Birthplace	Maryland	
Name of person giving information	John E. Swift		How related to deceased	Father	

CAUSES OF DEATH

Primary	Mutual insufficiency of heart		79
Immediate	Cardiac failure		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Two years
		Address	Address
Accident or Suicide?	J		
	Harry Gross M.D.		
	909 Cathedral St		
	Balt. Md. 14		

Taylor Chapel

Name  
in  
Full

Elizabeth Talbott  
Paradise Balbo

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Mrs. E. Talbott		
Father's Name	John Brewster			
Mother's Maiden Name	Ames Brainerd			
Name of person giving information	Mrs. M. Holbrook			

Fell out of bed

## CAUSES OF DEATH

166

Primary

Fall on the Head.

How long

Three day

Immediate

Cerebral Hemorrhage

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. H. Holbrook, M.D.

Address

728 N. Carey St.

PHYSICIAN  
OR CORONER

Accident or Suicide?

W. J. Dickner & Sons.  
Elkridge

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Zilly, Lipscomb  
Town

TOWNS

**County**

## CERTIFICATE OF DEATH

MARYLAND

Died at		Town <u>Baltimore</u>	County <u>Baltimore</u>		MARYLAND	
Date of death	Month 1909	Day Feb 9	Age 3	Years 3	Months —	Days —
Sex	<u>Female</u>	Color or Race <u>Colored</u>	Occupation <u>Housewife</u>		Birth-place <u>Howard Co</u>	
Married, Single or Widowed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Name of Wife or Husband	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Father's Name	<u>Meser Scott</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name	<u>Annie Green</u>			Mother's Birthplace <u>Ellwood City</u>		
Name of person giving information	<u>Meser Scott</u>			How related to deceased <u>Father</u>		

## **CAUSES OF DEATH**

93

## Primary

## Fremontia

### **Flow Tong**

2 day

### Immediate

accessories  
Don't leave <sup>child under 12</sup> alone

How long

Dear Uncle

PHYSICIAN  
OR COOWNER

Are the name, age, sex, color, date  
and place correctly given above?

**Signature of  
Physician**

**Address:**

L. Ronnebeek  
Glynden Rd.

#### Accident and Injury



Name  
in  
Full

Charles E. Tillman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

lawn  
Disd st **Roslyn** County **Baltimore** MARYLAND  
Date Month Day Year Months Days  
of death 1909 2 25 — 11 —  
Sex **Male** Color or Race **Colored** Birth-place **Balto. Co.**  
Occupation — Where Residing if not at place of death **Roslyn Balt. Co.**  
Merrid, Single or Widowed **Single** Name of Wif or Husband —  
Father's Name **Hezekiah Tillman** Father's Birthplace **Balt. Co.**  
Mother's Maiden Name **Martha Campbell** Mother's Birthplace **Balt. Co.**  
Name of person giving Information **Hezekiah Tillman** How related to deceased **Father**

CAUSES OF DEATH

93

Primary **Pneumonia.**  
Immediate **Exhaustion -**  
Are the name, age, sex, color, date and place correctly given above? **Yes -**

Signature of Physician

Address

**Henry C. Naylor**  
**Gatesville**  
**Tenn.**

PHYSICIAN  
OR CORONER



Accident or Suicide

Comp. field -  
J. H. Kraft

Name  
in  
Full

Theodore R Lumbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Glyndor		County	Baltimore	
Date of death 1908	Month	Day	16	Years	Age	2
Sex	Male	Color or Race	White	Birth-place	Glen Burnie	
Married, Single or Widowed	X		Occupation	X		
Name of Wife or Husband	X					
Father's Name	Wm Lumbaugh			Father's Birthplace	Md	
Mother's Maiden Name	Ida May Peltzer			Mother's Birthplace	Md	
Name of person giving information	Wm Lumbaugh			How related to deceased	Father	

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Gastric Intestinal Grippe & Bronchitis		How long	6 days
Immediate	Ceritonitis		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Knobrice	
X		Address	Glyndor Md.	
Accident or Suicide?	X			

Pleasant Grove

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death		Month	Day	Years	Months	Days
Sex	Age		Color or Race		Birthplace	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Unknown				Father's Birthplace	
Mother's Maiden Name	Unknown				Mother's Birthplace	
Name of person giving Information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

Immediate

Are the name, age, sex, color, date and place correctly given above?

8

Signature of Physician

Address

Croner W. S. Judd, M.D.

Accident or Suicide

How long

Day before

How long

None

Pinty Lamb.

Feb 11 1907

H. Sanderson.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		John Vastrian		County			
Died at	Town	Rossview		Precinct		MARYLAND	
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	White	Birth-place	Germany		
Occupation	Farmer		Where Residing if not at place of death	Rossview Md			
Married, Single or Widowed	Widow	Name of Wife or Husband	Mrs. Vastrian		Father's Name	Germany	
Mother's Maiden Name	Guthrie		Mrs. Vastrian		Mother's Name	Germany	
Name of person giving Information	John Vastrian Jr.		Son		How related to deceased		

CAUSES OF DEATH

106

Primary

Intestinal colic

How long

20 hours

Immediate

Heart pain

How long

—

Are the name, age, sex, color, date and place correctly given above?

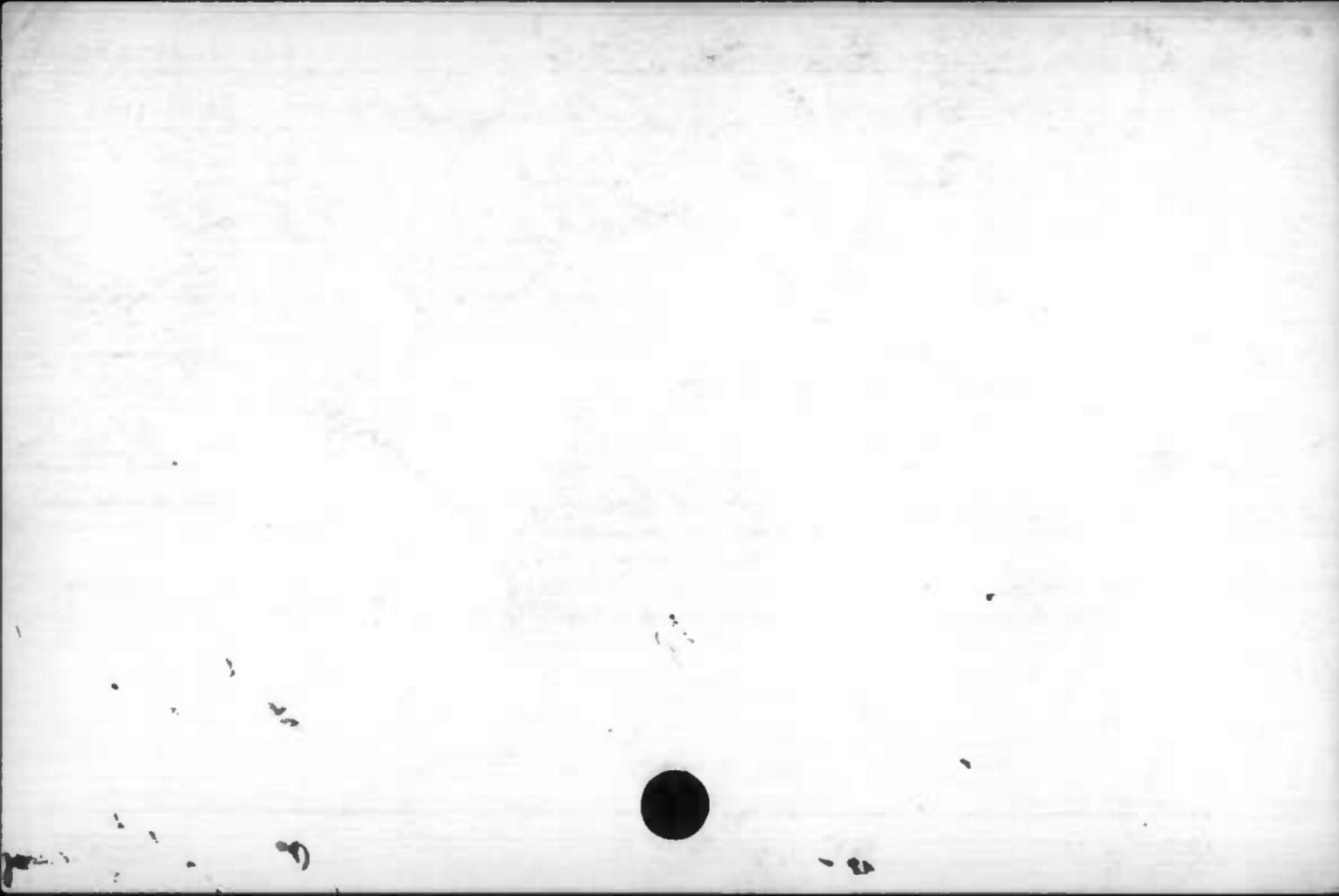
Signature of Physician

J

Address

Grove  
Rossview  
Md

Accident or Suicide



Name  
in  
Full

Adam A. Waelemyer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
McCarvel

County  
Baltimore

MARYLAND

Date  
of death

1909

Month  
Feb

Day  
16

Years  
78

Months  
3

Days

Sex

Male

Color or  
Race  
white

Birth-  
place  
Pa

Occupation

unemployed

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband  
Catherine Waelemyer.

Father's  
Name

Jacob Waelemyer

Father's  
Birthplace  
Pa

Mother's  
Maiden Name

Dont Know

Mother's  
Birthplace  
Dont know

Name of person giving  
Information

Jas C Waelemyer

How related  
to deceased  
Son

CAUSES OF DEATH

79

Primary

Valvular Disease of Heart

How long

2-3 yrs

Immediate

Convulsions

How long

24 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

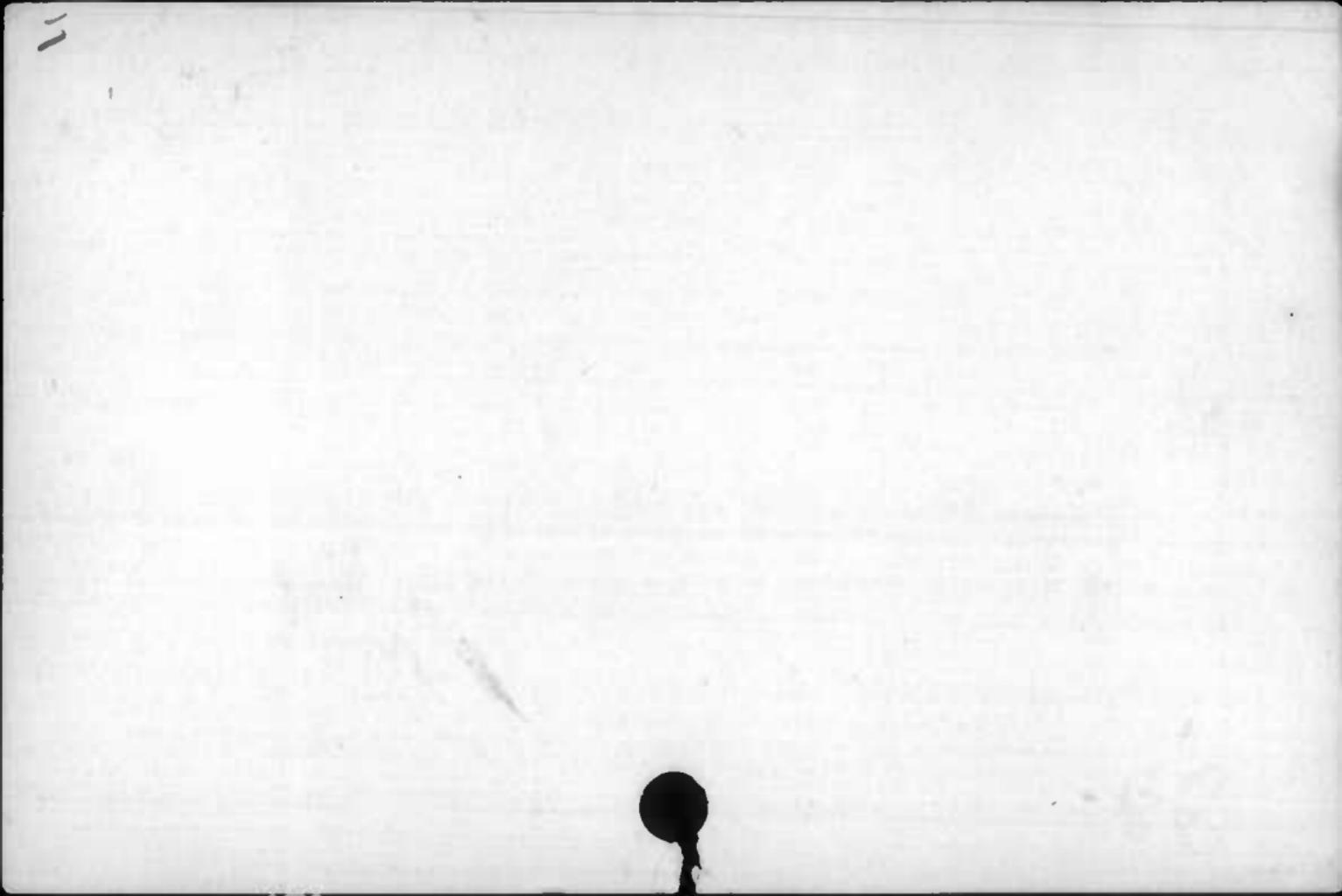
Signature of  
Physician

Address

A. R. Mitchell,  
Moundsboro,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <u>Arlington</u> Town			County <u>Baltimore</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>Feb</u>	Day <u>19</u>	Years <u>41</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>		Age <u>41</u>	Birth-place <u>M.D.</u>		
Occupation <u>Painter</u>	Where Residing if not at place of death <u>Arlington M.D.</u>					
Married, Separated, Widowed <u>Widowed</u>	Name of Wife or Husband <u>Maurice Weaver</u>		Father's Birthplace <u>Anchorage</u>			
Father's Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u></u>			Name of person giving information <u>Mary H. Ruppert</u>	How related to deceased <u>sister</u>		
CAUSES OF DEATH						
Primary <u>Cholera</u>				How long <u>four months</u>		
Immediate <u>Exhaustion</u>				How long <u>-</u>		

27

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edwin E. JonesArlington 3Maryland

Accident or Suicide?

E Madison Mitchell  
1201 W Fayette St  
to Green Mount

Name  
in  
Full

Phillip Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	65	-
Occupation	Where Residing if not at place of death	Island		
Married, Single or Widowed	Name of Wife or Husband	Bare Hill		
Father's Name	Annetta Welsh.			Island
Mother's Maiden Name	Aun. Malone	'		
Name of person giving information	Mrs Welsh	Wife		

CAUSES OF DEATH

120

Primary Chronic Bright's  
Immediate Exhaustion

How long 2 yrs.  
How long 3 days

Are the name, age, sex, color, date and place correctly given above?

J yes

Signature of Physician

Address

Off Beeton  
Mt Washington 3

Accident or Suicide?

PHYSICIAN  
OR CORONER

A.S. Marshall

Sept 26 - 1909

St. Paul's Cemetery

Name  
in  
Full

John F. Wheeley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Year
1909	2	23	Age 64
Sex	Color or Race	Birth-place	
Male	White	Virginia	
Occupation	Where Residing if not at place of death	Pikesville	
Married, Single or Widowed	Name of Wife or Husband	Mrs. Kate Wheeley	
Married		Father's Birthplace	Do Not Know
Father's Name	Do Not Know	Mother's Birthplace	Do Not Know
Mother's Maiden Name	Do Not Know	How related to deceased	None
Name of person giving Information	Chas. F. Dallam		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

General debility

64

How long

do not know

Immediate

Aprosopnesia

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

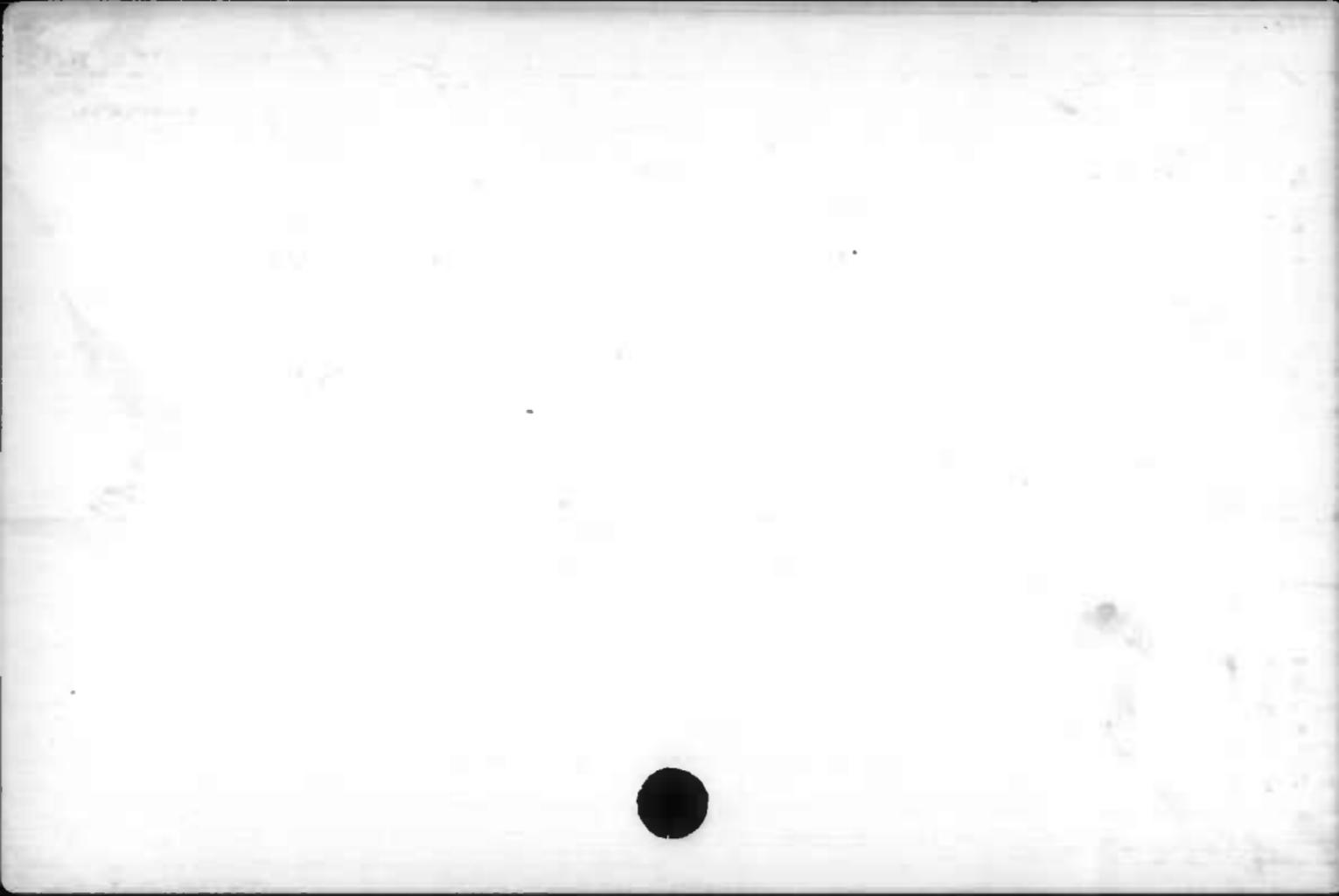
Signature of Physician

Address

W. F. Myers  
Pikesville Md 3

J

Accident or Suicide



Name  
in  
Full

John M. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Grange	Balto		
Date of death	Month	Year	Month
1909	2	13	Age
Sex	Color or Race	Birth-place	Day
Male	white	Balto Co.	
Occupation	Where Residing if not at place of death		
Laborer	Eastern Ave Board		
Married, Single or Widowed	Name of Wife or Husband	Marie L. White	
Married			
Father's Name	Unknown	Father's Birthplace	Balto
Mother's Maiden Name	Unknown	Mother's Birthplace	"
Name of person giving Information	Marie L. White	How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cerebral Hemorrhage one month

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

64

How long

How long

Accident or Suicide

W

Oak Lava Lem,  
Herrington  
1908

Name  
in  
Full

David S. H. Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	91	10 10
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Name of Spouse	
Father's Name	Cros. H. Williams		Father's Birthplace	
Mother's Maiden Name	Margaret Shaffer		Mother's Birthplace	
Name of person giving Information	Woldham Walker.		How related to deceased	

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

4 weeks

Immediate

Heart Failure

How long

6 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

E. R. Albangi, M.D.

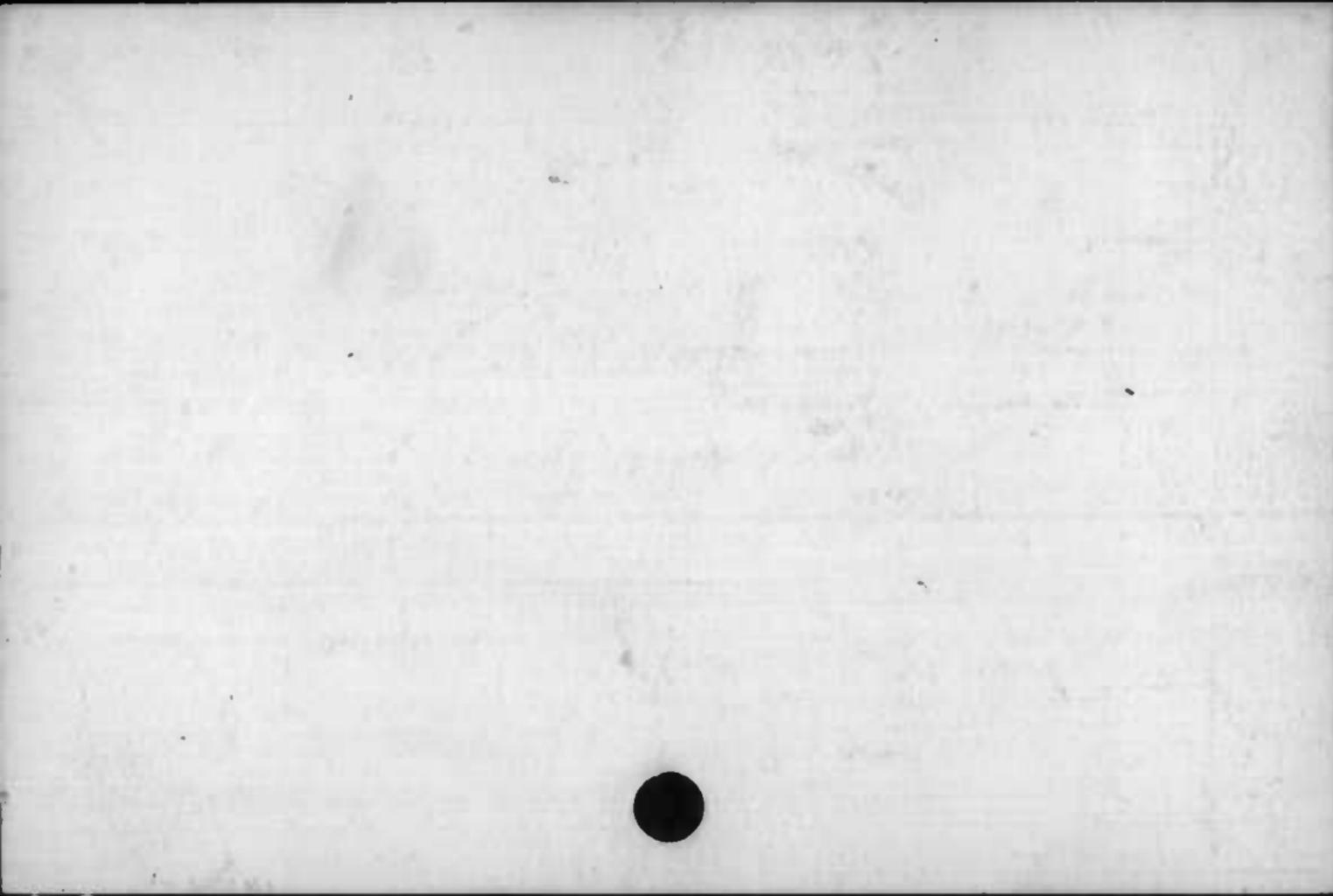
Blen Rock.

Accident or Suicide?

No.

R. S. I. #1.

82.



Name  
in  
Full

Jacob Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Warren		Baltimore			
Date of death	Month	Day	Years	Age	Months	Days
1909	2	17	61		11	7
Sex	Male	Color or Race	White	Birth-place	Ind.	
Occupation	Laborer		Where Residing if not at place of death	Warren Ind.		
Married, Single or Widowed	Married	Name of Wife or Husband	Josephine Williams			
Father's Name	Thos. Williams		Father's Birthplace	Ind.		
Mother's Maiden Name	Elizabeth Tracey.		Mother's Birthplace	Ind.		
Name of person giving Information	Josephine Williams		How related to deceased	wife		
CAUSES OF DEATH				79		

PHYSICIAN  
OR CORONER

Primary	Chronic Endocarditis		How long
Immediate	Aneurysma		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Yes		Wilmer C <sup>o</sup> Euson Cockeysville-Ind.	
Accident or Suicide?		No	

Funeral Friday 19<sup>th</sup>  
at Poplar interment  
in church Cemetery

H. C. Brooks

Name  
in  
Full

John H. Yarnall

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

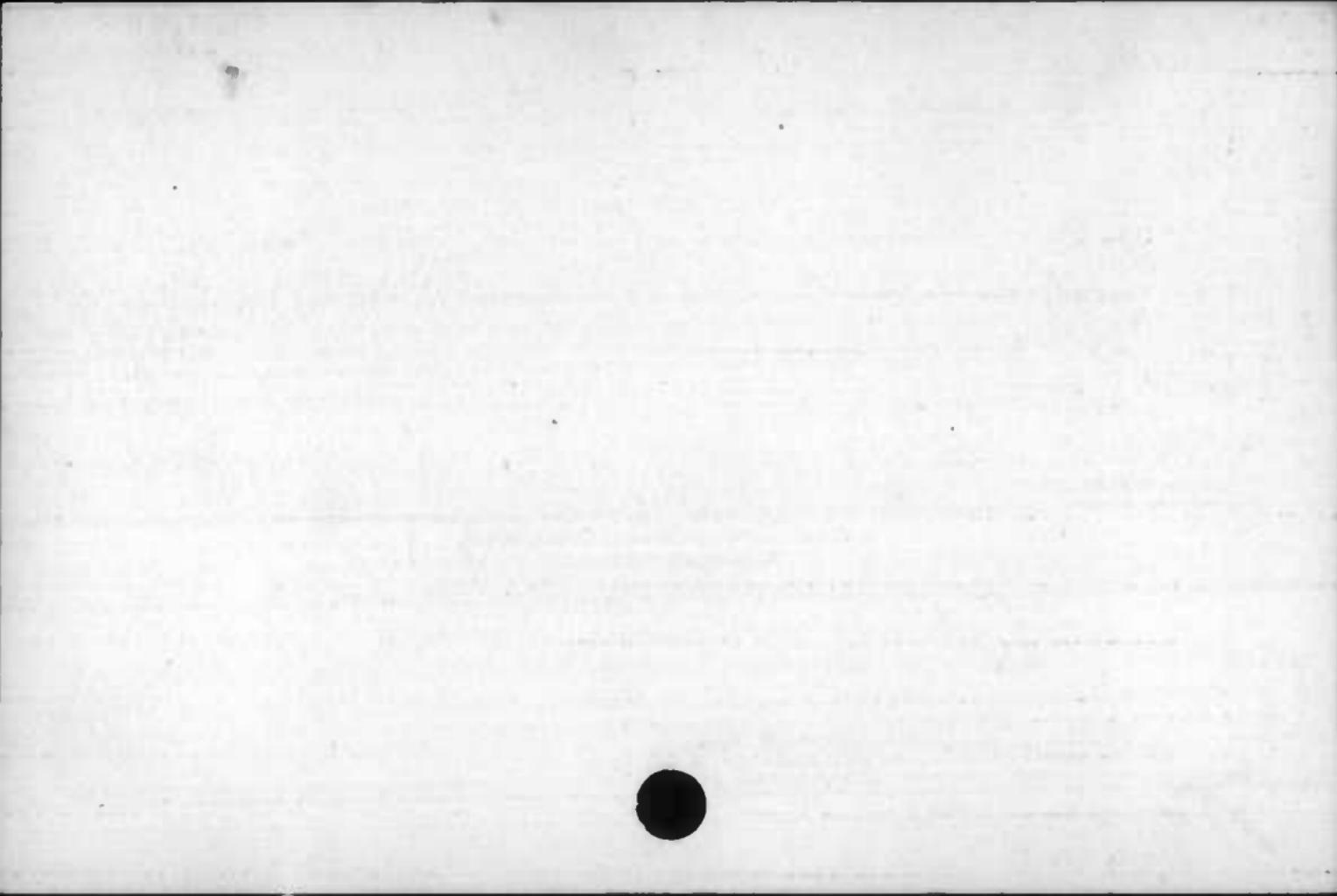
Died at	Town <u>Mount Hope Retreat</u>	County <u>Baltimore</u>	MARYLAND		
Date of death	Month <u>1909</u>	Day <u>Feb 23rd</u>	Age <u>72</u>	Years	Months Days
Sex	<u>Male</u>	Color or Race	<u>white</u>	Birth- place	<u>Phila Pa</u>
Occupation	<u>Clerk</u>		Where Residing if not at place of death	<u>Phila Pa</u>	
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>not Known</u>		
Father's Name	<u>not Known</u>		Father's Birthplace	<u>not Known</u>	
Mother's Maiden Name	<u>"</u>	<u>"</u>	Mother's Birthplace	<u>"</u>	
Name of person giving Information	<u>Records Mt Hope Retreat</u>		How related to deceased	<u>not at all</u>	

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<u>Maria Serrile</u>	How long	<u>over 11 years</u>
Immediate	<u>Ex. Cardiac Asthma</u>	How long	<u>about 10 or 11 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Frank J Flannery</u>
		Address	<u>Mount Hope Retreat</u> <u>Mount Hope Md -</u>
J			
Accident or Suicide?			



Name  
in  
Full

Christian Gwick

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month 2	Day 28	Years 78	Months	Days ~
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Retired	Where Residing if not at place of death			3739 E. Lombard St.	
Married, Single or Widowed	Widower	Name of Wife or Husband	Gertrude Gwick			Father's Birthplace
Father's Name	Unknown					Germany
Mother's Maiden Name	Unknown					Mother's Birthplace
Name of person giving Information	Mrs Richard Bauers					Germany
How related to deceased	Daughter					

CAUSES OF DEATH

Primary

Chronic Nephritis

120

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Addressee

C.V. Othey -  
3200 Harford

Accident or Suicide

Mr. Carmel been,

J Herwig son

3/4/09

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at Brooklandview		Town	Baltimore		County	MARYLAND	
Date of death 1909	Month July	Day 25	Years about 35.	Age	Months —	Days	
Sex male	Color or Race negro.			Birth-place	not Known		
Occupation not Known	Where Residing if not at place of death not Known						
Married, Single or Widowed not Known	Name of Wife or Husband						
Father's Name Not Known				Father's Birthplace	not Known		
Mother's Maiden Name not Known				Mother's Birthplace	not Known		
Name of person giving information Lawrence Murphy Jr.				How related to deceased	none		

## CAUSES OF DEATH

170

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature  
Physician

Address

How long

How long

Lawrence Murphy Jr.  
Accidental suicide. Verdict: 26 Aug 1909. Same verdict as above.William J. Fred  
McWashington

John Burns Sons  
Touson

Balto. Co.

Alms House

Carmelby